

Go Insurance Australia - Group Travel

Product Disclosure Statement and Policy Wording

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Product Disclosure Statement (PDS)

This Product Disclosure Statement (PDS) has been prepared to help You decide whether this product will meet Your needs.

It sets out the significant features of the insurance Policy including its benefits, risks and information on how the insurance premium is calculated. You should also read the Policy wording to ensure it meets Your needs before making a decision to purchase. If there is anything You do not understand, please contact Us. We have not considered Your personal needs or financial situation in providing this statement, Policy wording and/or quotation. If necessary, You should seek separate professional advice to determine if this Policy suits Your requirements.

The purpose of the cover

The purpose of this Policy is to provide insurance cover against certain unforeseen or unexpected events that may occur whilst the Insured Person is travelling. The Policy does not cover all possible events and expenses. The Policy is a contract between You and Certain Underwriters at Lloyd's led by Brit Insurance, Syndicate BRT2987. Please read the Policy to ensure it meets Your needs. If You require further information, please contact Us.

About Us

Go Unlimited Pty Ltd ABN 74 149 217 925 T/as Go Insurance (Go) is an Australian Financial Services Licensee (no. 404782) authorised by the Australian Securities and Investments Commission (ASIC) to deal in and provide general advice on insurance products. This insurance is underwritten by Certain Underwriters at Lloyd's led by Brit Insurance, Syndicate BRT2987. These underwriters have authorised Go to act on their behalf to arrange, issue, vary and cancel insurance products. Go is also authorised to handle claims on the Underwriters' behalf.

About Lloyd's

Lloyd's is the world's leading insurance and reinsurance marketplace. Through the collective intelligence and risk-sharing expertise of the market's underwriters and brokers, Lloyd's helps to create a braver world.

The Lloyd's market does this by sharpening the insight to anticipate and understand risk, and the knowledge to develop relevant and innovative forms of insurance for customers globally.

Lloyd's offers the efficiencies of shared resources in a marketplace that covers risks from more than 200 territories, in any industry, at any scale. Lloyd's promises a trusted partnership – helping people, businesses and communities to recover in times of need and build resilience for the future.

Lloyd's is a 330-year old start up, founded by a few brave entrepreneurs in a coffee shop. Three centuries later, the Lloyd's market continues that proud tradition – sharing risk and inspiring courage everywhere.

Updating this PDS

We may need to amend this PDS at a later date. A paper copy of any updated information is available to You free of charge by calling Us. We will issue You with a new PDS or a supplementary PDS where the update is to correct a misleading or deceptive statement or an omission, which is materially adverse from the viewpoint of a reasonable person deciding whether to purchase this insurance.

Date prepared

This PDS was authorised on 1 August 2026 and remains valid until superseded by a new or supplementary PDS. Claims are assessed in accordance with the Policy wording effective at the time of purchase.

Cooling Off Period

If You decide that You no longer want this Policy, You are entitled to a refund of the total amount paid provided Your request to cancel the Policy occurs within fourteen (14) days of issue and before any insured travel begins and no claim has been made against Your Policy. Please see "Cancellation by You" for information about premium refunds if You cancel the Policy outside the Cooling Off Period.

The total cost

Your premium is calculated taking into account many risk factors. The premium is payable before cover can be issued.

Your total premium includes all government charges which are shown separately on the Certificate of Insurance. If You change Your Policy in any way after issue, You may be entitled to a premium refund or You may be asked to pay additional premium.

Non-payment of premium

You must pay the premium within the agreed credit terms. If You do not pay the premium by the due date or Your payment is dishonoured, Your Policy will not be in force and We may lapse the Policy and/or decline any claim(s) You have made. If You change Your Policy in any way after issue, We may ask You to pay additional premium and/or administration charges.

How various factors affect Your premium

We consider a number of issues in calculating Your premium. Some of the factors that influence the premium include:

- The sums insured;
- The duration of travel to be taken;
- The Insured Person's medical history/age; and
- Activities to be undertaken whilst travelling.

Taxation

If You are a registered person/entity and require a tax invoice for Goods and Services Tax (GST) purposes, please contact Us.

Policy Excess

If You make a claim under this Policy, You may be required to pay an Excess. The standard Excess is $100 but it does not apply to claims against all Policy sections. Please refer to the Schedule of Benefits for details of which Policy sections the Excess applies.

The standard or chosen Excess is applied per Insured Person for each incident that results in a valid claim. If You make multiple claims against Your Policy, the Excess will be applicable to each claim that arises from a different incident.

If You apply for cover of a Pre-existing Medical Condition which is not automatically covered by the Policy and We agree to cover it, We may choose to apply a higher Excess to any claim arising from that Pre-existing Medical Condition. If You accept this higher Excess, it will be clearly shown on Your Medical Conditions endorsement which We will send to You. Similarly, if You request cover for an activity which is not covered by the Policy and We agree to provide cover, We may choose to apply a higher excess to any claim arising from that activity.

Policy Excess buy-out option

By paying an additional premium, You can reduce the Excess to Nil. If You choose to pay this additional premium at the time of arranging Your Policy, We will not deduct an Excess at the time of processing any claim(s) You make.

Significant features and benefits

This Policy offers a range of significant benefits. For full details of the benefits provided, please refer to the Policy and Your Certificate of Insurance. Some significant benefits of the Policy include:

- Overseas medical expenses, evacuation, repatriation and additional travel expenses cover;
- Cancellation, Curtailment and Delayed Travel benefits;
- Personal Accident and Personal Liability protection;
- Compensation for loss, theft or damage to property;
- Hijack, Kidnap and Kidnap for Ransom cover; and
- Political and Natural Disaster Evacuation benefits.

What is not covered

In certain circumstances, the Policy will not provide any cover to You. You must read the Policy document for full details, including the exclusions which apply to each section and the General Exclusions which apply to all Policy sections. For instance, the Policy does not cover:

- Pre-existing Medical Conditions unless automatically included or agreed to be covered by Us and shown in the Certificate of Insurance and/or Medical Conditions endorsement;
- Medical and dental treatment received in Australia;
- Wilful exposure to needless danger;
- Legal liability arising out of the use of firearms, motor vehicles or by animals.

Claims may not be paid for loss or damage to luggage and personal property if:

- There is no proof of ownership for lost or stolen items;
- Articles are Left Behind or Unattended in a Public Place including but not limited to while You are asleep;
- You have not taken Reasonable Care;
- You have not reported the loss, theft or damage to relevant authorities;
- Valuables and/or Electronic Equipment (e.g. jewellery, computers, cameras and similar equipment) are checked in as luggage.

Significant risks

Possible risks associated with You holding this Policy include:

- Whether the Policy provides the scope of cover You require. You should carefully read the Policy and take note of its terms, conditions and exclusions.
- Whether You are able to comply with the terms and conditions of the Policy. Failure to comply could result in Us not paying all or part of a claim.
- Your Duty to Us is very important. If You have not disclosed relevant information, We may be entitled to decline a claim and this can have consequences on Your further insurance cover. This is especially important in respect of Your medical history.

How to make a claim

If You wish to make a claim, there are some important things You must do. For full details of how to make a claim, please refer to the Claims Procedure section of the Policy.

Your Duty to Us

Before You enter into an insurance contract, You have a duty to take reasonable care not to make a misrepresentation to Us when answering questions that We will ask You and providing Us with information. Before You enter into, vary or extend an insurance contract, We will ask You questions that are relevant to Our decision to insure You and on what terms.

You must take reasonable care to not make any misrepresentations to Us when answering Our questions. For example, it is important that You answer Our questions fully and accurately, to the best of Your knowledge.

If You do not take reasonable care to not make misrepresentation(s) to Us, We may cancel Your Policy or deny or reduce the amount We will pay You for a claim, in accordance with Our rights at law.

If You make a misrepresentation to Us which is fraudulent, We can:

1. Treat Your Policy as if it never existed (i.e. avoid the contract), unless We would have entered into the contract for the same premium and on the same terms anyway; or
2. If We are not entitled to avoid the contract or We decide not to avoid the contract, We can reduce the amount that We pay You for a claim so that We are put in the position We would have been in if You had not breached Your duty to Us, in accordance with Our rights at law.

General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au

Dispute resolution

If You have any concerns or wish to make a complaint in relation to this Policy or Our services, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure. Please contact Go Insurance in the first instance:

Post	PO Box 5964 Brendale Qld 4500
Telephone	+ 61 (0) 7 3481 9888
Email	customerrelations@goinsurance.com.au

We will acknowledge receipt of Your complaint within one business day and do Our utmost to resolve the complaint to Your satisfaction within 10 business days.

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

Email	idraustralia@lloyds.com
Telephone	+ 61 (0) 2 8298 0783
Post	PO Box R1745 Royal Exchange NSW 1225

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint unless certain exceptions apply.

You may refer Your complaint to the Australian Financial Complaints Authority (AFCA), if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint or at any time. AFCA can be contacted as follows:

Telephone	1800 931 678
Email	info@afca.org.au
Post	GPO Box 3, Melbourne VIC 3001
Website	www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or You can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to You.
The Underwriters accepting this Insurance agree that:

(i) if a dispute arises under this Insurance, this insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;

(ii) any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative
in Australia
PO Box R1745
Royal Exchange NSW 1225

who has authority to accept service on the Underwriters' behalf;

(iii) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

Cancellation by You

You may cancel this Policy at any time by providing written notice to Us.

If You cancel the Policy, We will deduct from the premium, an amount to cover the shortened period for which You were insured by Us and refund the balance to You provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under the Policy. We may choose to charge an administration fee for any request You make to cancel or amend Your Policy after the Cooling Off Period has expired.

Cancellation by Us

We may cancel Your Policy in any way permitted by law. We may legally cancel Your Policy if You have:

- Failed to comply with Your Duty to Us;
- Made a misrepresentation to Us before the Policy was entered into;
- Failed to comply with a Policy provision including failure to pay the applicable premium;
- Made a fraudulent claim under this Policy or any other current policy; or
- Failed to notify Us of a specific act or omission as required by this Policy.

If We cancel Your Policy, We will give You written notice. If the Policy is cancelled, We will deduct from the premium, an amount to cover the shortened period for which You were insured by Us and refund the balance to You provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under the Policy.

Voluntary Policy extension

Subject to Our agreement, Your Policy can be extended following departure but the maximum Period of Insurance cannot exceed 18 months in total.

If You want to change Your travel dates and extend Your Policy, You will need to contact Us. Please note that acceptance is at Our discretion. If We agree to extend Your Policy, You may be required to pay additional premium.

You can generally extend Your Policy if You meet the following criteria:

- Your current Policy has not ended;
- You are still within the age limits of the Policy;
- You are still eligible for cover and there have been no changes to Your medical status since the date of purchase;
- You do not intend to lodge a claim against the Policy; and
- Your Policy period (from the date of purchase) will not exceed 18 months in total.

If You are unable to meet the criteria above, You may be able to purchase a new Policy to cover the additional travel days.

We cannot extend a Policy that has already lapsed. If Your Policy has lapsed, You will need to purchase a new one. Please keep in mind that waiting periods may apply if You are already travelling and need to purchase a new Policy.

Automatic extension of cover

If You have not completed Your Trip before the expiration of this insurance for reasons which are beyond Your control, the Policy will remain in force until completion not exceeding a further 21 days without additional premium. In the event the aircraft on which You are travelling is Hijacked, cover will continue while You are subject to the control of the person(s) or their associates making the Hijack and subsequent travel direct to Your Normal Country of Residence for a period not exceeding twelve months from the date of the Hijack.

Regions of travel

Cover under this Policy depends on the Region of Travel You nominate at the time of purchase. If Your Trip will involve multiple countries or areas, You should select the Region of Travel for the destination which requires the highest level of cover. Regions of Travel available under this Policy are:

Region 1: Australia and Norfolk Island (but not cruising in Australian territorial waters)
Region 2: South Pacific (New Zealand; Fiji, Bali and Lombok; American Samoa; New Caledonia; Papua New Guinea; Tonga; Cook Islands; French Polynesia; Samoa; Tahiti; Vanuatu; and cruising within Australian and South Pacific waters
Region 3: All countries excluding United States of America, Canada, Mexico and Antarctica
Region 4: Worldwide

Who can buy this insurance

This Policy applies to a group of individuals who are travelling together on the same Trip. Group travel includes sporting trips, school and educational tours and work conference travel. Our Group Travel Policy is generally available for groups of 10 or more travellers. However, We may consider insuring groups with less than 10 travellers at Our discretion.

The travellers named on the Certificate of Insurance will be covered under the Policy provided they meet the following criteria:

1. Australian Residents
You are eligible if You:
- Are aged 75 years or under at the time of travel;
- Are travelling on a return basis (departing from and returning to Australia); and
- Meet all of the following:
  i. Have a permanent residential address in Australia and retain Australian residency for the duration of the Trip;
  ii. Will be overseas for no more than 18 months from the date You first depart Australia;
  iii. Have unrestricted right of entry into Australia;
  iv. Have access to long-term medical care in Australia (excluding care under Reciprocal Health Agreements); and
  v. Will return to Australia on the Policy end date.

2. Non-Permanent Residents of Australia
You are eligible if You:
- Are aged 75 years or under at the time of travel;
- Have lived in Australia for at least 3 months prior to purchasing the Policy;
- Hold a valid visa granting You entry to and stay in Australia; and
- Will be overseas for no more than 18 months from Your original departure date.
- Will return to Australia on the Policy end date.

You may be required to provide proof of Your residency status in the event of a claim.

In some instances We may agree to insure traveller(s) aged over 75 years of age. This is at Our discretion and subject to Our agreement before the Policy is issued.

Documentation

All certificates, information and evidence required by Us shall be provided at Your expense. You shall as often as required by Us submit to medical examination at Our expense and in the event of death of the Insured Person, We shall be entitled to have a post-mortem examination conducted at Our expense. Evidence of the value and ownership of any property insured under Sections 7 and 9 and/or the amount of any loss must be forwarded to Us when required.

Automatic reinstatement of sums insured

The Sum Insured under Sections 7 and 9 of this insurance will be reinstated following the first valid claim under that section. Thereafter, the Sum Insured shall be reduced by the amount of any subsequent valid claim(s).

Consequential Loss

This Policy does not cover any form of consequential loss including loss of income.

Limits of cover

Our total liability is limited to the amounts specified in each section of this Policy. In the event of duplicate insurance, We may only be liable for a proportion of the claim.

Currency conversions

Settlement of claims for expenditure incurred overseas will be made at the official rate of conversion applicable at the date of the loss or expense. All benefits are noted in Australian Dollars.

Your privacy

We are committed to protecting the privacy of the personal information You provide to Us. We collect, hold, use and disclose Your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth) and in accordance with other applicable privacy laws.

Collection of personal information

We only collect, hold, use and disclose personal information where it is necessary for legitimate business purposes, or where there is a legal requirement to do so. We collect personal information directly from You unless it is unreasonable or impracticable to do so. Where You provide personal information about other individuals, You must make them aware that You will provide this information to Us; the types of persons and entities to which the information will be available; and the purposes for which We and those to whom We disclose the information will use it. You must also make them aware that they can access the information We receive from You.

We collect and use personal information for a number of reasons which include but are not limited to:

- Evaluating Your application for insurance;
- Evaluating any request You make to vary, extend or amend Your Policy;
- Issuing and managing the insurance cover We provide to You; and
- Investigating and managing any claims You make against Your Policy.

If You do not provide Us with this information or any additional information We request, We may not be able to process Your application, offer You insurance cover or respond to any claim.

Use or disclosure of personal information

The personal information We collect can be used or disclosed for any purpose connected to Our activities but only where You would reasonably expect for this to occur. When necessary and in relation to the above noted activities, We may need to disclose the personal information We collect to:

- Our relevant employees and agents involved in delivering Our services;
- Medical emergency companies and service providers such as claims handlers, investigators, hospitals, medical and health professionals;
- facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- the insurance companies with whom We transact business;
- the Lloyd's Syndicates We represent (which are located in the United Kingdom);
- insurance reference bureau or credit reference bureau; and
- reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

We may also use or disclose Your personal information if it is required by Australian law or a court/tribunal order.

Disclosure of personal information to overseas recipients

If We are required to disclose personal information outside Australia, We will ensure that:

a) the overseas recipient complies with the Australian Privacy Principles in relation to the information, or
b) the overseas recipient of the information is subject to a law that has the effect of protecting the information in a substantially similar way to the way in which the Australian Privacy Principles protect the information.

Security of personal information

We are committed to protecting personal information We hold from misuse, interference and loss, as well as unauthorised access, modification or disclosure.

Access to and correction of personal information

You may request access to Your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply). In some circumstances, We may not agree to provide access

to some or all of the information We hold when We are legally entitled to do so. In such cases, We will inform You of the reason for this circumstance. If You would like to access a copy of Your personal information or You wish to correct or update Your personal information, please also contact Us on Email - mail@goinsurance.com.au or phone + 61 (0) 7 3481 9888.

Use of personal information for marketing
We may use Your personal information to send You details of new insurance products or other insurance related information unless You have indicated to Us that You do not wish to receive such information. If You do not wish to receive future marketing material from Us, please contact Us on mail@goinsurance.com.au or phone + 61 (0) 7 3481 9888.

By completing Your application for this Policy, You agree to Us using and disclosing Your information as set out above. This consent to the use and disclosure of Your personal information remains valid unless You alter or revoke it by giving written notice by emailing Us. If You have any queries about Our privacy policy and how it affects You, please contact Us.

Privacy Complaints Advice:
Lloyd's and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act) and will be covered by the General Insurance Information Privacy Code (the Code). These set down standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

An individual who believes their privacy may have been prejudiced has a right to make a complaint about the matter. In the first instance, Your complaint should be addressed to Go Insurance. This may be done verbally or in writing to:

Post	PO Box 5964, Brendale Qld 4500
Telephone	+ 61 (0) 7 3481 9888
Email	customerrelations@goinsurance.com.au

If You are dissatisfied with the response, You may refer the matter to Lloyd's Australia Ltd, who has the appropriate authority to investigate and address matters of this nature. Lloyd's Australia can be contacted at:

PO Box R1745
Royal Exchange NSW 1225

Telephone	+ 61 (0) 2 8298 0783
Facsimile	+ 61 (0) 2 8298 0788
Email	idraustralia@lloyds.com

Lloyd's Australia will respond in writing within 15 working days, and if You remain dissatisfied with their response You will be provided at that time with the details of any other avenues for resolution that may be available to You.

Pre-existing Medical Conditions

This policy does not automatically cover all pre-existing medical conditions. Some common conditions are covered automatically, but only if You meet the eligibility criteria for those conditions.

Important: what "Pre-existing Medical Condition" means

When We ask whether You have any Pre-existing Medical Conditions, We mean **any** medical history, diagnosis, ongoing condition or symptom – not just conditions you want cover for.

Use the steps below to check whether You need to complete medical screening (and declare Your Pre-existing Medical Conditions).

Step 1: Automatic cover (no declaration needed)
You do not need to declare a condition if:
- it is on the Automatically Covered Pre-existing Medical Conditions list; and
- You meet all general eligibility criteria and any condition-specific criteria.

Step 2: When medical screening is required
You must complete medical screening and declare all Pre-existing Medical Conditions if any of the following applies:

- You have a condition that is not on the Automatically Covered list; or
- You have a condition on the Automatically Covered list but it does not qualify for automatic cover (because You do not meet all eligibility criteria); or
- You have a condition listed under **"Pre-existing Medical Conditions We always need You to declare (A or B)"**; or
- You have had any other condition in the 2 years before the policy commences that required medical attention, treatment, medication or investigation and it is not automatically covered.

IMPORTANT RULE

If You need to complete medical screening for any condition, You must declare all of Your Pre-existing Medical Conditions – including conditions that might otherwise qualify for automatic cover.

During medical screening, You must answer all questions honestly and completely – even if You don't want cover for a condition.

If You are unsure whether a condition qualifies for automatic cover, We recommend declaring it during medical screening or contacting Us before purchasing Your policy.

Step 3: Our decision
If You complete medical screening, We may discuss the outcome with You by phone. We will also provide it in writing (for example, in a quote, email or online), including whether We can:

- cover the condition on standard terms; or
- cover the condition with special conditions (for example, limitations and/or an increased excess); or
- offer cover for the condition subject to an additional premium (which You may accept); or
- offer this policy with cover for the condition excluded; or
- decline medical cover.

Any exclusion, limitation, increased excess and/or premium loading We offer as part of medical screening will be confirmed in writing and, if You purchase the policy on that basis, shown as a Special Condition on the Certificate of Insurance.

Choosing whether to include cover for assessed conditions
You must declare all Pre-existing Medical Conditions during medical screening, even if We later exclude a condition, decline to cover it, or offer cover on terms You don't accept.

When We offer cover for a declared Pre-existing Medical Condition only if You pay an additional premium, You may choose whether to include that cover.

- If You accept the offer (including paying the additional premium), the condition will be covered subject to any special conditions We apply.
- If You do not accept the offer (for example, You decline to pay the additional premium), We may, at Our discretion, still offer this policy with cover for that Pre-existing Medical Condition excluded. If You take the policy with that exclusion, We won't pay claims for medical expenses, cancellation or curtailment to the extent they are caused by, arise from or relate to that Pre-existing Medical Condition, and Your premium will be adjusted accordingly.

Effect of a condition being excluded from medical cover

Important (summary)

If a Pre-existing Medical Condition is shown as excluded (as a Special Condition on Your Certificate of Insurance), it means:

- We won't pay claims to the extent they are caused by, arise from, result from, or relate to that Excluded Condition; and
- If the Excluded Condition contributes to an otherwise covered claim, We may still pay the part that would reasonably have been incurred if the Excluded Condition had not contributed (see Proportionate cover below).

Example: You break your ankle (covered event). You also have an Excluded Condition that slows healing or requires a longer hospital stay. We may pay the costs that would normally apply for the ankle fracture, but not the extra costs that are reasonably attributable to the Excluded Condition.

If a Pre-existing Medical Condition is shown as excluded on Your Certificate of Insurance, We treat it as an Excluded Condition under the policy.

We won't pay any claim, loss, cost or expense to the extent it is:

- caused by, arises from, results from, or is directly related to the Excluded Condition; or
- increased by, aggravated by, exacerbated by or Materially Contributed to by the Excluded Condition; or
- a symptom, consequence, deterioration, recurrence, flare-up or progression of the Excluded Condition; or
- treatment, investigation, monitoring, medication, surgery, rehabilitation, follow-up care or other healthcare services relating to the Excluded Condition.

See "Proportionate cover where an Excluded Condition contributes" below for how We may still pay part of a claim.

This applies across all sections and benefits (including Cancellation & Curtailment and Overseas Medical Expenses & Repatriation) to the extent the claim has the connection described above.

Proportionate cover where an Excluded Condition contributes
If an otherwise covered event occurs during the Period of Insurance, but an Excluded Condition Materially Contributes to, aggravates, exacerbates or complicates:

- the illness, injury, symptoms or event giving rise to the claim; and/or
- the treatment plan, level of care, length of hospitalisation, recovery or rehabilitation; and/or
- the need for curtailment, delayed return, alternative travel, evacuation or repatriation (including air ambulance); and/or
- the amount of loss, cost or expense otherwise payable,

then We will pay only the reasonable portion of the claim that would, in Our reasonable opinion and based on the evidence available, have been incurred if the Excluded Condition had not contributed.

Any additional loss, cost or expense attributable to the Excluded Condition is not covered.

For clarity, this can apply even if the Excluded Condition did not cause the initial illness, injury or event.

Materially Contributes means contributes in a way that is more than minor or trivial. We will rely on medical evidence and any other evidence We reasonably require to determine whether an Excluded Condition Materially Contributed. If You ask, We will provide a written explanation of how We determined the payable portion.

How We determine the payable portion
To work out the payable portion, We may need medical and billing evidence to separate costs attributable to the covered event from costs attributable to the Excluded Condition.

We will determine the payable portion acting reasonably, based on information We reasonably require. This may include (without limitation):

- treating practitioner reports and clinical notes;
- hospital records and itemised invoices;
- advice from Our medical advisers and evacuation/repatriation providers;
- booking terms, invoices and evidence of refunds/credits; and/or
- independent medical opinion where appropriate.

When determining the payable portion, We may compare the loss, costs and outcomes to what would reasonably be expected for a person without the Excluded Condition. If costs or losses can't be precisely separated, We will make a reasonable estimate of the portion attributable to the covered event based on the available evidence. We won't pay the portion We reasonably determine is attributable to the Excluded Condition.

Undeclared or unaccepted Pre-existing Medical Conditions
If a Pre-existing Medical Condition should have been declared during screening but wasn't, or was not accepted as covered (including where You declined an offered premium), then (without limiting any rights We have under the policy or at law) We may assess any claim that involves that condition as if it were an Excluded Condition, including applying the proportionate cover approach above, and We may also reduce or refuse a claim, charge an additional premium and/or cancel the policy in accordance with applicable law.

Declining medical cover entirely
In some cases, where the risk is assessed as too high, We may decline to offer any medical cover. In such instances, Your policy will still be available for purchase, but it will exclude all medical-related benefits and Your premium will be adjusted accordingly.

What is a Pre-existing Medical Condition?

In simple terms, a Pre-existing Medical Condition includes Your medical history and any symptoms or conditions You're currently experiencing – whether diagnosed or not.

The explanation below describes what We mean when We refer to a Pre-existing Medical Condition in this policy.

A Pre-existing Medical Condition means any physical or mental illness, disease, injury, condition, disability or symptom – whether diagnosed or not – that existed at or before the date of policy purchase.

This includes any condition that:

- is being experienced, treated, investigated (including while awaiting tests, results, specialist review or surgery), or managed with prescribed medication;
- has been diagnosed, treated, investigated, required surgery or consultation with a Medical Practitioner;
- has caused symptoms that were noticed or felt by the person (even if medical advice wasn't sought); or
- is ongoing, chronic, recurring or has led to complications.

The policy definition of Pre-existing Medical Condition applies to any person whose health may affect the cover under this policy, including any Insured Person, Relative, Travelling Companion or anyone else upon whose health the Trip depends.

Routine screening tests
Routine screening tests are regular check-ups scheduled in advance as part of a regular preventative health program (for example, age-based screening mammogram every 2 years or screening colonoscopy every 5 years).

If You are only due for a routine screening test and You meet the criteria below, ***You do not need to declare the test itself****.*

Routine screening tests are not treated as being "under investigation" for the purposes of this policy, provided:

- *they are not being done to investigate symptoms; and*
- *the test has not been brought forward due to symptoms or concern; and*
- *You have not been told of an abnormal finding requiring follow-up.*

If a Medical Practitioner has advised follow-up testing due to symptoms, a concern or an abnormal finding, this is treated as being "under investigation" and must be declared.

Our approach to Pre-existing Medical Conditions

Pre-existing Medical Conditions fall into three categories:

1. Conditions that are automatically covered and don't need to be declared
2. Conditions that must be declared (and may be covered as standard, covered with special terms, excluded from cover (shown as a Special Condition on Your Certificate of Insurance), or declined)
3. Conditions that cannot be covered under any circumstance.

If You want to be covered for a Pre-existing Medical Condition, it's important You follow these steps:

1. Check the Automatically Covered Conditions list. If Your condition is listed and You meet all eligibility criteria, You do not need to declare it.

2. If Your condition is not automatically covered, or if You do not meet the automatic cover criteria, You must complete medical screening.

We will assess Your medical screening and confirm whether We can offer cover (and on what terms).

Automatically Covered Pre-existing Medical Conditions

Eligibility Criteria for Automatic Cover
To qualify for automatic cover, all of the following must apply:

1. The condition is in the Automatically Covered Pre-existing Medical Conditions list below.

2. You have not been hospitalised in the past 2 years (including day surgery or attendance at an Accident & Emergency (A&E) department).

3. You have not received treatment for the condition in the:

   - 90 days before purchasing the policy (other than continued, unaltered medication); or
   - 30 days before travel for Annual Multi-Trip policies (other than continued, unaltered medication).

4. You meet all condition-specific criteria outlined below for that condition.

5. You do not have any condition listed under "**Pre-existing Medical Conditions We always need You to declare (A or B)"**.

IMPORTANT

Read this before relying on automatic cover:
Automatic cover only applies if all Your Pre-existing Medical Conditions meet the eligibility criteria and the condition-specific criteria. If You need to complete medical screening for any condition, You must declare all of Your Pre-existing Medical Conditions – including conditions that might otherwise qualify for automatic cover.

Conditions in the last 2 years: If You have had any Pre-existing Medical Condition in the 2 years before the policy commences that required medical attention, treatment, medication or investigation and is not covered automatically under the list below, You must complete medical screening and declare all Pre-existing Medical Conditions.

High blood pressure and high cholesterol: If You have both high blood pressure and high cholesterol, You may qualify for automatic cover if each condition meets its criteria and You meet the general eligibility criteria. However, You must complete medical screening if any other Pre-existing Medical Condition requires medical screening — including any condition listed under "Pre-existing Medical Conditions We always need You to declare (A or B)" (for example, diabetes or other known cardiovascular disease).

When You must complete medical screening
You must complete medical screening and declare all Pre-existing Medical Conditions in the circumstances set out in **Step 2: When medical screening is required**.

Examples
Asthma + COPD/sleep apnoea
You meet the automatic criteria for asthma, but You also have Chronic Obstructive Pulmonary Disease (COPD) or sleep apnoea. You must declare all respiratory conditions (including asthma) and complete medical screening.

High blood pressure + coronary stents
You qualify for automatic cover of high blood pressure, but You have had coronary stents inserted. You must declare both conditions and complete medical screening.

Hip replacement outside the automatic timeframe
If You had a hip replacement 15 years ago, it is not automatically covered (automatic cover applies only if the procedure was performed more than 1 year but less than 10 years ago). You must declare this and complete medical screening.

Automatically Covered Pre-existing Medical Conditions
Provided You meet the eligibility criteria noted above, the following Pre-existing Medical Conditions are covered automatically:

- Acne
- Asthma, provided:
  i. You are under 60 years of age;
  ii. You have no other known/underlying respiratory conditions (including chronic bronchitis, COPD, emphysema, pulmonary fibrosis and/or sleep apnoea);
  iii. You haven't required cortisone medication except taken by inhaler/puffer;
  iv. You haven't required hospital treatment for asthma in the last 2 years; and
  v. You have been a non-smoker for at least 18 months.
- Blindness and low vision
- Cataracts
- Corneal graft/corneal transplant
- Coeliac Disease
- Deafness
- Dermatitis
- Ear grommets
- Eczema

- Food allergy (provided You do not suffer anaphylaxis following consumption of or exposure to the allergen)
- Gastric reflux (reflux/GORD) (this is not the same as gastritis and peptic ulcer disease)
- Gout
- Hay fever
- Hiatus hernia
- High Cholesterol/Hypercholesterolaemia, provided:
  i. it is managed in regular consultation with Your Medical Practitioner;
  ii. Your cholesterol level is below 6.0 mmol/L**;**
  iii. You do not have diabetes;
  iv. if You also have high blood pressure/Hypertension**,** it meets the criteria for automatic cover**;** and
  v. You do not have any other cardiovascular disease (apart from high blood pressure/Hypertension).

  Examples of cardiovascular disease include coronary artery disease, angina, heart attack, stroke/mini-stroke (TIA), heart failure, cardiomyopathy, arrhythmia/atrial fibrillation, valve disease, pacemaker insertion, stent insertion or bypass surgery.

  Note: If You do not meet all of the criteria above, automatic cover won't apply.
- High blood pressure/Hypertension, provided:
  i. it is managed in regular consultation with Your Medical Practitioner;
  ii. You take no more than 2 blood pressure medications;
  iii. there has been no change in medication or dosage in the last 6 months;
  iv. You have been a non-smoker for at least 18 months;
  v. You do not have diabetes;
  vi. if You also have High Cholesterol/Hypercholesterolaemia, it meets the criteria for automatic cover; and
  vii. You do not have any other cardiovascular disease (apart from High Cholesterol/Hypercholesterolaemia).

  Examples of cardiovascular disease include coronary artery disease, angina, heart attack, stroke/mini-stroke (TIA), heart failure, cardiomyopathy, arrhythmia/atrial fibrillation, valve disease, pacemaker insertion, stent insertion, or bypass surgery.

  Note: If You do not meet all of the criteria above, automatic cover won't apply
- Hip replacement (if the procedure was performed over 12 months ago but less than 10 years ago)
- Knee replacement (if the procedure was performed over 12 months ago but less than 10 years ago)
- Macular degeneration
- Menopause provided You do not suffer from Osteoporosis
- Overactive / underactive thyroid provided the condition is not caused by a tumour.
  Note: *Automatic cover does not extend to autoimmune thyroid conditions such as Hashimoto's. You will need to complete medical screening to see if You can include cover for these conditions.*
- Peptic ulcer disease (stomach/duodenal ulcer) (this is not the same as gastritis or reflux/GORD)
- Psoriasis
- Pregnancy (subject to the Pregnancy section of this PDS and General Exclusion 34)
- Rhinitis
- Sinusitis
- Skin cancer (limited to basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) only)
- Urticaria (Hives) (provided they are not associated with anaphylaxis or any other life-threatening allergic reaction)

Pre-existing Medical Conditions We always need You to declare

You must complete medical screening for the following conditions, as set out below.

A. Conditions You must declare (regardless of when they occurred)

You must declare the following conditions regardless of how long ago they occurred:

- Heart conditions (this does not include high blood pressure/Hypertension or high cholesterol/Hypercholesterolaemia that meet the criteria for automatic cover). Examples include angina, heart attack, cardiomyopathy, arrhythmia, atrial fibrillation, pacemaker, valve disorders, bypass surgery, stent insertion, heart failure, congenital heart defects, hypertensive heart disease, or any other condition affecting heart structure, rhythm or function.
- Chronic respiratory conditions (e.g. COPD, emphysema, chronic bronchitis, bronchiectasis, pulmonary fibrosis, interstitial lung disease, asthma that does not meet the criteria for automatic cover, cystic fibrosis, sleep apnoea, history of lung surgery, or any other condition requiring home oxygen or inhaled corticosteroids (note: asthma may be automatically covered if all eligibility criteria are met; other corticosteroid-dependent conditions must be declared))
- Chronic digestive or liver conditions (e.g. Crohn's disease, ulcerative colitis, inflammatory bowel disease (IBD), diverticular disease, chronic liver disease including cirrhosis, chronic pancreatitis, recurrent gastrointestinal bleeding, or any digestive condition causing ongoing symptoms or complications)
- Diabetes (Type 1 or Type 2)
- Progressive neurological conditions (e.g. multiple sclerosis, Parkinson's disease, motor neurone disease, Huntington's disease)
- Bleeding or bone marrow/blood cell disorders (e.g. haemophilia or other bleeding disorders, sickle cell disease, thalassaemia, severe or chronic anaemia)
- Kidney conditions involving abnormal kidney function (e.g. renal impairment/failure, chronic kidney disease, dialysis, nephritis, or any history of abnormal kidney function)

- Autoimmune conditions (e.g. lupus, rheumatoid arthritis, Hashimoto's, ankylosing spondylitis, scleroderma)
- Immunodeficiency or immunosuppression (e.g. primary immune disorders, organ transplant history, or long-term immunosuppressant medication)
- Cognitive or memory conditions affecting daily function or decision-making (e.g. dementia, Alzheimer's disease, significant cognitive impairment)
- Bone density conditions (e.g. osteoporosis)
- Any new or undiagnosed symptoms, or worsening of a known condition
- Any condition likely to impact Your ability to travel or cause a claim

B. Conditions You must declare if recent, ongoing or significant

You must declare the following conditions if they meet the criteria stated below:

- Cancer (other than Basal Cell Carcinoma (BCC) or Squamous Cell Carcinoma (SCC)) where, in the last 10 years, You have any of the following:
  i. been diagnosed with cancer;
  ii. received treatment for cancer (including but not limited to surgery, chemotherapy, radiotherapy, immunotherapy, hormone therapy, targeted therapy);
  iii. had a recurrence, spread/metastasis, or ongoing cancer;
  iv. been advised You require ongoing treatment for cancer.

  Note: *If Your cancer was treated and You have been in complete remission for at least 10 years with no recurrence and no ongoing treatment, You do not need to declare it under this category (unless it otherwise falls within the "Other conditions in the last 2 years" rules or You have other conditions that require declaration).*
- Stroke, mini-stroke/Transient Ischemic Attack (TIA) where:
  i. in the last 10 years, You have had a stroke or TIA; and/or
  ii. You have ongoing symptoms or impairment, require ongoing follow-up, or take medication prescribed to prevent recurrence.
- Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE) or other blood clot events where:
  i. in the last 5 years, You have had a DVT/PE/blood clot; and/or
  ii. the condition is recurrent or unprovoked;
  iii. You require ongoing anticoagulant treatment; and/or
  iv anticoagulant therapy has been recommended or prescribed (including for travel).
- Epilepsy or seizures (including fits/convulsions) where:
  i. in the last 10 years, You have had a seizure; and/or
  ii. You take medication to prevent seizures; and/or
  iii. You require ongoing follow-up, specialist care or monitoring for epilepsy or seizures.
- Mental health conditions (including depression, anxiety, Post Traumatic Stress Disorder (PTSD), bipolar disorder, personality disorders or other psychological symptoms) where:
  i. in the last 5 years, symptoms have required treatment, counselling or medication; and/or
  ii. symptoms have resulted in hospital admission; and/or
  iii. in the last 5 years, the condition or symptoms have impaired Your ability to travel and/or resulted in You cancelling or cutting short a trip.
- Digestive conditions or events where:
  i. in the last 5 years, You have had symptoms, treatment, specialist review, hospital admission or surgery for a digestive condition or event (for example diverticulitis/diverticular disease, pancreatitis, hepatitis or fatty liver, gallbladder attacks, bowel polyps requiring ongoing review, gastrointestinal bleeding, or abdominal surgery for gastrointestinal issues); and/or
  ii. You have been advised You require ongoing follow-up or treatment.
- Kidney stones where:
  i. in the last 5 years, You have had kidney stones; and/or
  ii. stones are recurrent; and/or
  iii. the condition has required hospital treatment, surgery or procedures; and/or
  iv. You have ongoing symptoms.
- Ongoing or recurrent musculoskeletal conditions (including back/neck pain) where, in the last 2 years, they have required medical or allied health treatment (e.g., physiotherapy, chiropractic treatment, osteopathy), imaging, specialist review or injections, surgery, and/or have limited normal activities.
- Hospital admission or day surgery for any reason in the last 2 years.

If You have an automatically covered condition and also a condition that must be declared, You must complete a medical screening and declare all conditions.

Other Pre-existing Medical Conditions You must declare (if they occurred in the last 2 years)

You must also declare any condition not listed above if, within the 2 years before policy commencement, it:

- Was known to You (or should have been); and/or
- Required medical treatment, advice, investigation, medication or referral.

Examples include:

- Recent injuries or surgery/procedures (e.g. fractures, dislocations, tendonitis, bursitis, arthroscopy, rotator cuff repair, day surgery)
- Respiratory infections (e.g. pneumonia, bronchitis, chest infections requiring antibiotics)
- Other infections or allergic reactions (e.g. urinary tract infections (UTIs), gastroenteritis, cellulitis, shingles, allergic reactions), especially if they required medical treatment, medication (including antibiotics or steroids), testing, or a medical review.

- ENT issues (e.g. ear infections, vertigo, tonsillitis)
- Conditions related to significantly high or low Body Mass Index (BMI) (i.e. BMI >35 or <18.5, including diagnosed obesity or underweight)
- Acute gastrointestinal complaints (e.g. gastritis, gallbladder attacks)
- Any short-term condition that required medical treatment, medication, tests or a medical review (e.g. chest pain, fainting, abnormal test results)

This helps Us assess recent or short-term conditions that may affect Your Trip or a claim.

If You are unsure, We recommend You declare it during the medical screening or contact Us to discuss Your specific situation before purchasing Your policy.

Consequences of medical non-disclosure

It's very important to tell Us about all of Your Pre-existing Medical Conditions.

If You don't tell Us about all Pre-existing Medical Conditions when required, We may reduce or refuse a claim, charge an additional premium and/or cancel the policy, in accordance with applicable law. This may apply even if the non-disclosed condition did not directly cause the claim; if it affected Our assessment of the risk; or the terms on which We would have offered cover.

Important: Choosing not to include cover for a declared condition does not change Your obligation to answer medical screening questions honestly and completely, even if You don't want cover for a condition. If a condition should have been declared during screening but wasn't, the consequences above may still apply.

If Your health changes after policy purchase but before You travel

If You develop a new medical condition, new symptoms or a known condition worsens after purchasing Your policy but before travelling, You can either:

- Notify Us as soon as possible so We can reassess Your cover; or
- Obtain written confirmation from a Medical Practitioner before You travel confirming that You are fit to undertake the entire planned Trip (see definition of Fit to Travel).

Important:

- If You don't do either of the above before departure, We may not provide cover for any claim arising from, related to or exacerbated by that condition.
- A Fit to Travel certificate can help show that You were fit to travel at the time of departure. Any claim related to that condition will still be assessed based on Your medical status when You started Your Trip. You should only travel if You are confident that You are medically fit. If You are not, You may not be covered for medical-related claims that arise during the Trip – although You may be able to lodge a Cancellation claim instead.
- To be considered, the certificate must:
  1. Be issued within 7 days of Your scheduled departure;
  2. Confirm that You are fit to travel for the entire duration of the Trip, taking into account Your itinerary and planned activities; and
  3. Be provided by a Medical Practitioner who meets the definition in this policy and has appropriate qualifications for the condition being assessed and sufficient knowledge of Your medical history to make an informed judgement. This may be Your treating specialist or another doctor with access to Your relevant medical records.
- If You notify Us, We will review the change in Your health and confirm whether any updates to Your cover are needed. We reserve the right to amend Your policy to reflect changes in Your health or risk. Any changes will be confirmed in writing and, where appropriate, We will discuss what options may be available to You.

Pre-existing Medical Conditions We cannot cover

We do not provide cover for any claim arising from, related to, or exacerbated by any of the following conditions or circumstances:

- Any condition with a terminal prognosis
- Conditions under active treatment or investigation (including those awaiting diagnosis, test results, specialist review, surgery or referral) – see note below
- Travel against medical advice
- Travel undertaken for the purpose of obtaining medical treatment
- Any claim arising from alcohol or substance abuse (including misuse of prescription drugs)

If any traveller has any of the above, please contact Us before purchasing so We can explain what options are available under this policy.

Note: Routine screening tests
Routine screening tests are not treated as being "under investigation" if they meet the criteria set out under Routine screening tests in "What is a Pre-existing Medical Condition?" However, if follow-up testing is advised due to symptoms, concern or an abnormal finding, this is treated as being "under investigation" and must be declared.

How to apply for Pre-existing Medical Condition cover

To apply for cover of a Pre-existing Medical Condition that is not automatically covered, You can complete a medical screening:

- Contacting Us by telephone on 1300 819 888;
- By requesting a medical screening telephone appointment via our online booking portal; or
- Contacting a Go Insurance distributor (e.g. travel agent or broker)

Pregnancy

If You are pregnant when You purchase this Policy, or if pregnancy occurs after, You will be covered under the terms of the Policy, as long as the event that causes Your claim is covered by the Policy, is an issue connected to Your pregnancy and occurs prior to the end of the 24th week of pregnancy.

Gestational age is calculated in weeks and days from the start of the last menstrual cycle or from a staging ultrasound.

We offer this coverage for a single pregnancy and multiple pregnancies (such as twins or triplets) provided there have been no complications to Your current (or any previous) pregnancy prior to purchasing the Policy.

Provided there have been no pregnancy complications prior to purchasing the Policy, cover for pregnancy-related illnesses such as hyperemesis (severe morning sickness), gestational diabetes, pre-eclampsia, or other similar illnesses will become effective at the time of Policy purchase. If You have experienced pregnancy-related illness or complications related to Your current or a previous pregnancy, (including miscarriage) these are considered Pre-existing Medical Conditions and must be disclosed to Us if You wish to include cover for Your pregnancy.

We do not provide cover for pregnancies after the 24th week of gestation. Additionally, We do not cover medical costs that are typically associated with pregnancy, childbirth or medical care for the newborn(s).

Sport and leisure activities automatically covered by this Policy

Subject to the relevant terms and conditions, many sport and leisure activities are automatically covered under this Policy when You participate on an amateur or recreational basis, including in school, club or college fixtures or competitions.

However, there is no cover for any sport or leisure activity, including training, where You participate in a professional or paid capacity.

There is also no cover for participation in international or national representative sport or leisure activities, whether in an amateur, recreational, professional or paid capacity, unless the activity is declared to Us and We agree in writing to provide cover.

The following activities are automatically covered.

- Abseiling (with a licensed commercial operator and under supervision)
- Athletics
- Archery (under supervision)
- All-Terrain Vehicle (ATV)/Quad Biking (with a licensed commercial operator)
- Badminton
- Banana boating
- Baseball/Rounders/Softball
- Basketball
- Boogie boarding
- Bridge walking (with a licensed commercial operator)
- Bungy jumping (maximum 2 jumps and with a licensed commercial operator)
- Canoeing/Kayaking (to Category 3)
- Canoeing/Kayaking (to Category 4 only with a licensed commercial operator)
- Cheerleading
- Cricket
- Curling
- Cycling/Mountain biking
- Dragon boating (as part of an organised event or tour)
- Dog and Reindeer Sledding (with a licensed commercial operator)
- Elephant/camel riding (with a licensed commercial operator)
- Fell / Gorge Walking (on recognised routes)
- Fell / Gorge Running (on recognised routes)
- Fishing (Course/Fly/Deep-sea)
- Football (not American)
- Futsal
- Gliding (as passenger only with a licensed operator)
- Golf
- Gymnastics
- Guided glacier walking
- Helicopter tours (as passenger only with a licensed commercial operator)
- Hot air ballooning (as passenger only with a licensed commercial operator)
- Horse drawn rides (with a licensed commercial operator)
- Horse riding and pony/horse trekking (recreational riding only)
- Ice fishing (with a licensed commercial operator as an organised day tour or resort activity)
- Ice skating
- Indoor rock climbing (with a licensed commercial operator)
- Jet boating (as passenger only with a licensed commercial operator)
- Jet skiing
- Lawn bowls
- Mario karting (with a licensed commercial operator)
- Netball
- Orienteering
- Paintballing/War games
- Parascending/Parasailing (with a licensed commercial operator)
- Pickleball
- Racquet sports
- River tubing (with a licensed commercial operator)
- Roller blading and roller skating
- Rowing
- Running/Jogging
- Safari travel (in a vehicle or on foot with a licensed commercial operator)
- Sandboarding
- Scuba diving (subject to General Exclusion 32)
- Seaplane travel (as passenger only with a licensed commercial operator)
- Segway

- Skateboarding
- Snorkelling
- Snowmobiling (with a licensed commercial operator and provided You have selected the Snow Sports extension at the time of policy purchase)
- Soccer
- Squash
- Stand Up Paddle Boarding
- Surfing
- Swimming
- Swimming with dolphins or whales (with a licensed commercial operator)
- Table tennis
- Tennis
- Ten Pin Bowling
- Tobogganing/Trampolining
- Tree canopy walking (with a licensed commercial operator)
- Trekking/Rambling/Hiking (self-guided) on established/mapped routes and subject to a maximum height of 2500m
- Trekking/Rambling/Hiking (with a licensed commercial operator on established/mapped routes and subject to a maximum height of 4000m)
- Tuk tuk travel (as passenger only)
- Vespa and sidecar tours (with a licensed commercial operator)
- Volleyball
- Water polo
- White/Black water rafting or canoeing (to Category 4 and with a licensed commercial operator)
- Windsurfing/Boardsailing
- Ziplining
- Zorbing
- Zumba

Whilst You are a passenger on a cruise ship, You are also covered for the following activities organised by or provided to You by the cruise company:

- Water slide rides
- Flowrider – surf simulator
- Laser tag
- Rock climbing wall
- Indoor skydiving (with a licensed instructor)
- Ice karting (with a licensed commercial operator)

If You intend to participate in activities not automatically covered by this Policy, or in a higher-risk variation of an activity (including participation as part of an organised expedition, multi-day or overnight activity, or participation in elite, representative or higher-level competition (for example state, national or international level events)), please contact Us. We may be able to cover the proposed activity as standard or, in some cases, for an additional premium. Cover for any such activity applies only if the activity is declared to Us and We agree in writing to provide cover.

Please refer to the exclusions applicable to Section 14 (Personal Liability) as there is no cover for injury to others or damage to third party property caused by Your operation of motorised vehicles and watercraft. Please also refer to the General Exclusions for details of activities (and variations of activities) which are not able to be covered in any capacity. The General Exclusions also limit the cover available for certain of the above noted activities.

Sport and leisure activities which may be covered by this Policy (upon application)

Snow Sports:
If You require cover for participation in snow sport activities, You will need to request this at the time of arranging Your Policy. Provided You request this cover and it is noted on the Certificate of Insurance, You are covered for the following activities which are undertaken On Piste:

- Snow skiing
- Snowboarding
- Snow blading

The following Off Piste/backcountry snow sport activities may be covered upon application.

- Skiing and snowboarding
- Snowmobiling
- Cross country skiing
- Glacier skiing
- Glacier walking
- Ski randonnee
- Ski touring

If You will be undertaking snow sport activities Off Piste or backcountry, please contact Us to discuss Your requirements.

Policy Wording

Definitions: Words That Have Special Meaning

Some words in this Policy have special meanings. Where this is the case, the word(s) will commence with a capital letter. In such cases, the word(s) relate to the following definitions.

Accident, Accidental: A sudden, unexpected, unusual, specific, violent external event which occurs at a single identifiable time and place and independently of all other causes, results directly and solely in Bodily Injury. An event which indirectly exacerbates a previously existing Bodily Injury will not be considered an Accident. The contraction of any disease or illness or the ingestion of any substance will not be considered an accident.

Adverse Weather Conditions: Weather of such severity that the police or other relevant authority warn by means of public communication facilities (including but not limited to television or radio) that it is unsafe for individuals to attempt to travel via the route on which You are scheduled to travel or any reasonable alternative route.

Bodily Injury: A specific physical and identifiable injury to a human body.

Business Colleague: A person with whom You work closely and whose absence for one or more complete days necessitates the Cancellation or Curtailment of Your Trip as certified by a director of the business.

Cancellation (pre-departure): Complete abandonment of the entire Trip itinerary such that You do not commence the Trip.

Car Club Company: A company or agency which is fully licensed with the regulatory authority of the country, state or local authority in which the company or agency provides the registered paying members use of all Rental Vehicles within the Car Club Company fleet.

Certificate of Insurance: Certificate of insurance attaching to and forming part of the Policy or any subsequently substituted certificate of insurance. The certificate of insurance is part of this contract of insurance and sets out Your details, the Policy sections that apply to You, the Period of Insurance and any amendments to the Policy.

Computer Systems: Any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

Consequential Loss: Any other loss, damage or additional expense following on from an event for which You are claiming.

Consultant: A person or company appointed by Us that specialises in the negotiation of Kidnap and Kidnap for Ransom release.

Coronavirus COVID-19: Any contagious or infectious disease or illness or any illness or disease directly or indirectly resulting from any of the following:

a. Coronavirus disease (Coronavirus COVID-19);
b. Any mutation or variation of Coronavirus COVID-19;
c. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
d. Any mutation or variations of SARS-CoV-2;
e. Any fear or threat of a., b., c., or d. above.

Curtailment (post-departure): Disruption of Your pre-arranged Trip by early return to Your Normal Country of Residence, admission to an overseas hospital for in-patient treatment or prevention of further travel so that You lose the benefit of pre-paid travel and/or accommodation arrangements.

Cyber Act: An unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

Cyber Incident: Any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

Cyber Loss: Any loss, damage, liability, claim, cost or expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any Cyber Act or Cyber Incident including, but not limited to, any action taken in controlling, preventing, suppressing or remediating any Cyber Act or Cyber Incident.

Data: Information, facts, concepts, code or any other information of any kind that is recorded or transmitted in a form to be used, accessed, processed, transmitted or stored by a Computer System.

Electronic Equipment: Video, camera and sound recording devices, laptop, tablet and notebook computers, mobile telephones, electronic diaries and organisers owned by the Insured Person. The maximum benefit for each item of electronic equipment includes its accessories and associated equipment such as but not limited to chargers, batteries, memory sticks, media cards, lenses, and filters.

Epidemic: A fast-spreading contagious or infectious disease or illness in an area or region as documented by a recognised public health authority.

Excess: Your financial contribution towards any valid claim. The Excess is that amount of the claim which You must bear and will be applied per Insured Person for each incident that results in a valid claim.

Excluded Condition: a Pre-existing Medical Condition that is shown as excluded on the Certificate of Insurance or in a policy endorsement issued for the relevant Insured Person.

Express Kidnapping: The unlawful seizure, abduction and detention by force or fraud, of an Insured Person against their will by an individual or group for the purpose of obtaining cash directly from the Insured Person by way of fraudulent or coercive use of a financial card.

Financial Default: Insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of a receiver, manager, administrator or liquidator, entry into any scheme of arrangement, statutory protection, restructuring or negotiation with creditors to enter into a payment arrangement.

Fit to Travel: means that, in the opinion of a qualified Medical Practitioner (as defined in this Policy):

- You are medically stable and capable of undertaking the entire duration of Your planned Trip, including the travel dates, destinations, climate, modes of travel (e.g. air, sea, overland) and the activities You intend to participate in;
- There is no known medical reason at the time of assessment that would reasonably be expected to require medical care during Your Trip or prevent You from completing it;
- The Medical Practitioner has considered Your full travel itinerary, including any stopovers, flight durations and high-risk or strenuous activities, and confirmed that You are fit to undertake them; and
- The medical assessment was conducted within 7 days prior to the start of Your Trip and reflects Your current state of health at that time.

We may require a more recent certificate in certain circumstances — for example, if Your medical condition is unstable, has recently changed or poses a higher-than-usual risk.

A statement that You are "fit to travel at this time" or similar wording may not be sufficient unless it explicitly confirms that You are fit for the entire planned Trip.

Hijack: The unlawful seizure or wrongful exercise of control of an aircraft or conveyance, or the crew thereof, in which the Insured Person is travelling as a passenger.

Illness: Any disease, sickness, malady or infection which is unexpectedly contracted during the Period of Insurance and/or first manifests itself after You depart on the Trip and which requires treatment by a Medical Practitioner.

In respect of claims against Section 1, such treatment must result in the Medical Practitioner certifying that the condition prevents commencement or continuation of Your Trip.

Insurer/We/Us/Our: Certain Underwriters at Lloyd's led by Brit Insurance, Syndicate BRT2987 and their nominated representatives.

Insured: The entity named in the Certificate of Insurance. Each insured entity is separately insured for their respective rights and interests.

Insured Person/You/Your: Each travelling person nominated by the Insured and named in the Certificate of Insurance. Each insured entity and each insured individual person are separately insured for their respective rights and interests.

Kidnap: The unlawful seizure, abduction and detention by force or fraud of an Insured Person against their will by an individual or group.

Kidnap for Ransom: The unlawful seizure, abduction and detention by force or fraud of an Insured Person against their will by an individual or group for the purpose of obtaining a form of payment for their release.

Left Behind: Not taken by You when vacating or leaving any accommodation facility (including but not limited to a hotel, motel, hostel, B&B or peer-to-peer private rental such as Airbnb, ship or train cabin), restaurant, café, bar, Rental Vehicle or any other Public Place including Public Transport.

Loss of Limb(s): Loss or severance at or above the wrist or ankle or total permanent loss of use of an entire hand or foot.

Loss of Sight: Total and irrecoverable loss of sight which shall be considered as having occurred

a. in both eyes if Your name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
b. in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Materially Contributes: contributes in a way that is more than minor or trivial.

Medical Practitioner: A registered practising member of the medical profession recognised by the law of the country in which they are practising and who is not related to You or any person with whom the Insured Person is travelling.

Medically Necessary: Medical treatment, services, or repatriation that is:

- Required to diagnose, manage or treat a Bodily Injury or Illness that is causing acute symptoms or functional impairment; and

- Assessed by the treating Medical Practitioner and Our medical advisers as appropriate and necessary based on current clinical standards of care; and
- Not elective, preventative or deferrable, and cannot be reasonably postponed until after the Trip ends without risking a deterioration in health.

In the case of repatriation, it must also be determined that equivalent and timely treatment is not reasonably accessible at the location where the condition arose.

Minimum Connecting Time: The time needed to transit from one flight to another. You must plan to arrive at Your pre-booked departure point in advance of the carrier's earliest scheduled check-in time and allow at least the Minimum Connecting Time, with the following requirements:

For flights booked on the same ticket: All minimum connecting times specified by the airline(s).

For flights booked on separate tickets:
Domestic to Domestic = 2 hours
Domestic to International = 4 hours
International to Domestic = 4 hours
International to International = 4 hours

Moped / Scooter: Any two-wheeled or three-wheeled motor vehicle with an engine capacity no greater than 200cc.

Motorcycle: Any two-wheeled or three-wheeled motor vehicle with an engine capacity no greater than 250cc.

Motor Vehicle Accident (for the purpose of Sections 1 and 15): A single, sudden and unexpected event involving collision with another vehicle, another road user or stationary object which occurs at an identifiable time and place and causes damage to the hired vehicle (Section 15) or vehicle in which You are travelling to the point of departure (Section 1).

Natural Disaster: An event or force of nature that has catastrophic consequences such as earthquake, flood, tsunami, volcanic eruption, bushfire or cyclone but not an Epidemic or Pandemic.

Normal Country of Residence: Australia.

Off Piste: Any area that is not groomed terrain, marked slopes or open trails maintained, monitored and patrolled by the ski resort.

On Piste: Any area that is groomed terrain, marked slopes and open trails maintained, monitored and patrolled by the ski resort.

Operational Emergency: an unforeseen requirement to perform duty arising from:

a. deployment or mobilisation of troops for warlike or non-warlike operations;
b. national security or protective security incident response requiring urgent mobilisation;
c. disaster relief, emergency response or major incident response (including natural disaster, severe weather event, mass casualty event or significant public disorder);
d. declared public health emergency response requiring urgent mobilisation; or
e. any other unforeseen emergency event where the relevant authority requires You to return to duty immediately.

It does not include routine staffing shortfalls, roster changes, training, exercises, postings, administrative requirements or planned activity.

Pandemic: An Epidemic that has spread across a large region such as multiple countries and is expected to affect many people.

Period of Insurance: The period We insure You for under Your Policy. The Period of Insurance commences:

i. for Section 1 (Cancellation) and Section 13 (Insolvency of Travel Service Provider) from the date and time We issue the Policy to You.
ii. for Section 16 (Coronavirus COVID-19) from the date and time We issue the Policy to You if this is no more than 24 hours after You booked Your Trip. If You did not purchase this Policy within 24 hours of booking Your Trip, then the cover provided by Section 16 (Coronavirus COVID-19) commences 7 days after the date and time We issue the Policy to You.
iii. for all other Policy sections (including Curtailment under Sections 1 and 16), the Policy commencement date and time noted on the Certificate of Insurance or when You leave Your home or workplace to commence Your Trip (whichever is the later).

The Period of Insurance concludes for all Policy sections on the Policy end date and time shown on Your Certificate of Insurance or when You return to Your home or workplace in Your Normal Country of Residence (whichever occurs first).

If You do not travel directly to Your home or workplace at the conclusion of Your Trip, the Period of Insurance will end when You reach the point of arrival of the Public Transport on which You are travelling (or a medical facility in Your Normal Country of Residence if We repatriate You).

Permanent Total Disablement: Bodily Injury other than Loss of Limb(s) or Loss of Sight which totally incapacitates You from engaging in or attending to any occupation (except occupations normally reserved for the disabled) for at least 12 months from the date of the Accident giving rise to the claim and where at the conclusion of those 12 months and in the opinion of a Medical Practitioner there is no prospect of improvement.

Personal Property: Items of luggage and their contents that You either take or purchase on Your Trip. This definition does not include passports and/or Personal Money.

Personal Money: Cash (bank notes and coins), travellers cheques, money orders, travel tickets and prepaid coupons or vouchers, event and entertainment tickets, and phone cards carried by You and for Your personal use.

Policy: The Policy consists of:
a. This document (Policy wording including the Schedule of Benefits);
b. Your Certificate of Insurance; and
c. Any written endorsements We issue to You.

Pre-booked Accommodation: A hotel, motel, hostel, B&B, rented holiday home, cruise, camping or caravan site for which a paid invoice, receipt or voucher pre-dating the loss can be provided.

Pre-existing Medical Condition: any physical or mental illness, disease, injury, condition, disability, or symptom – whether diagnosed or not – that existed at or before the date of Policy purchase.

This includes any condition that:

- is being experienced, treated, investigated (including while awaiting tests, results, specialist review or surgery), or managed with prescribed medication
- has been diagnosed, treated, investigated or required surgery or consultation with a Medical Practitioner
- has caused symptoms that were noticed or felt by the person (even if medical advice wasn't sought) or
- is ongoing, chronic, recurring or has led to complications.

This definition applies to any person whose health may affect the cover under this Policy, including any Insured Person, Relative, Travelling Companion or anyone else upon whose health the Trip depends.

Public Place: Any place to which the public has access except a place where only You, Your Travelling Companion or accommodation providers have access. Public places include but are not limited to buses, trains, trams, planes, taxis, peer-to-peer service transport vehicles (e.g. Uber), rental cars, airports, railway stations, bus terminals, wharves, shops, streets, galleries, museums, markets, accommodation foyers and common areas, beaches, carparks, restaurants and public toilets.

Public Transport: Any aircraft, ship, train, coach or similar mode of transport operated under license for the purpose of carrying passengers for which a fee is payable and on which the Insured Person is booked to travel.

Ransom Monies: Cash, bullion, securities, property or services.

Reasonable (for the purpose of Sections 1, 2, 3, 9, 10, 12, 13, 16):
For medical/dental treatment - a comparable level of care which would be expected in Australia; and

For travel, accommodation and similar expenses - the standard mode or level in the country You are in but not better than the travel class or accommodation rating comparable to the level You booked for Your Trip.

Reasonable Care: Your responsibility to exercise an appropriate degree of care which a reasonable person in the circumstances would do to minimise the potential of suffering any Bodily Injury/Illness or any loss/damage.

Relative: Any of the following who is resident in Your Normal Country of Residence – Your mother, father, legal guardian, sister, brother, wife, husband, fiancé(e), common law cohabitating domestic partner (a person with whom You have lived in a domestic relationship for at least 6 consecutive months prior to the purchase of the policy, and who is publicly represented as Your partner), daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, niece or nephew.

Rental Vehicle: Any of the following which is rented from a licensed motor vehicle rental company, Car Club Company or agency – a sedan, SUV, station wagon, hatchback, people mover, coupe, convertible, four-wheel drive, minibus or motorhome/ campervan that does not exceed four and a half tonnes.

Special Condition: a condition of cover that We apply and record in writing (including on a quote, email, online or on the Certificate of Insurance). A Special Condition may include an exclusion, limitation, increased excess and/or a cover limit that applies to a particular Insured Person or to the policy.

Terrorism, Act of Terrorism: An act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any member of the public in fear.

Travelling Companion: The person(s) with whom You have pre-booked to travel on at least 75% of Your Trip.

Travel Service Provider: Any commercial airline, hotel, accommodation provider, car hire company, bus line, shipping line or railway company.

Trip: The period of time commencing when You leave Your home or workplace to commence Your travel and until the earlier of the following:

a) You return to Your home or workplace; or
b) You arrive at a hospital or residential care facility in Your Normal Country of Residence if We repatriate You.

Unattended: Leaving Your property with a person You did not know prior to commencing Your Trip; or leaving it in a position where it can be taken without Your knowledge; or leaving it at such a distance that You are unable to prevent it from being taken.

Valuables: Jewellery, watches, spectacles, sunglasses, hearing aids, wearable technology, electrical equipment such as portable DVD and CD players, MP3 players, games consoles, electric shavers and toothbrushes, headphones, items made of or containing gold, silver or other precious metals or (semi) precious stones, CDs, DVDs, leather goods, animal skins/furs, antiques, binoculars, telescopes, works of art and musical instruments owned by the Insured Person.

Vehicle Breakdown (for the purpose of Section 1): The vehicle in which You are travelling stops due to mechanical or electrical failure from any cause except lack of fuel, water, oil or battery charge in the case of electric vehicles.

Schedule of Benefits

Section	Cancellation & Curtailment	Sum Insured	Excess
1	Pre-departure Cancellation	$10,000	$100
	Post-departure Curtailment	$10,000	
2	Resumption of Trip	$2,500	$100
Section	**Medical**	**Sum Insured**	**Excess**
3	Overseas Medical Expenses including emergency repatriation; additional travel and accommodation; and funeral expenses	Unlimited *	$100
	Emergency Dental Treatment	$1,000	$100
4	Hospital Cash benefit (per day)	$5,000 ($50)	Nil
5	Permanent Total Disablement	$75,000	Nil
	Accidental Death benefit (traveller aged 18 years or more)	$75,000	
	Accidental Death benefit (traveller aged under 18 years)	$20,000	
6	Daily Living Allowance (per day)	$1,000 ($50)	Nil
Section	**Property**	**Sum Insured**	**Excess**
7	Theft, loss or damage to all property items (i.e. Personal Property, Electronic Equipment and Valuables)	$5,000	$100
	Total Limit for Valuables and Electronic Equipment	$2,000	
	Maximum per item, pair or set of Electronic Equipment	$750	
	Maximum per item, pair or set (all other property including items defined as Valuables)	$500	
8	Delayed Luggage/Emergency Purchases	$250	Nil
9	Personal Money, travel documents and passports	$5,000	$100
	Cash (traveller aged 18 years or more)	$500	
	Cash (traveller aged under 18 years)	$250	
Section	**Disruption**	**Sum Insured**	**Excess**
10	Delayed Travel and Missed Connections	$5,000	Nil
11	Hijack, Kidnap and Kidnap for Ransom	$250,000	Nil
12	Political and Natural Disaster Evacuation Expenses	$10,000	$100
13	Insolvency of Travel Service Provider	$3,000	$100
Section	**Liability**	**Sum Insured**	**Excess**
14	Personal Liability	$7,500,000	$100
Section	**Legal**	**Sum Insured**	**Excess**
15	Rental Vehicle excess	$10,000	Nil
	Return of Rental Vehicle	$1,000	
Section	**Coronavirus COVID-19**	**Sum Insured**	**Excess**
16	Abandonment of Trip (Cancellation/Curtailment)	$10,000	$100
	Overseas Medical Expenses including emergency repatriation; additional travel and accommodation; and funeral expenses	Unlimited *	$100

* For up to 12 months after the Accident or Illness first occurs whilst overseas during the Period of Insurance.

Notes:

The amounts listed in the Schedule of Benefits are the maximum amounts payable per Insured Person under each Policy section.

The Excess will be applied per Insured Person for each incident that results in a valid claim (unless You opted to reduce the Excess to Nil at the time of arranging cover).

What the Policy Covers

The Policy

We will insure the Insured Person against Accident, Illness, accidental loss, damage or mishap as defined in this Policy, whilst travelling during the Period of Insurance, and having a destination outside their Normal Country of Residence or within their Normal Country of Residence if such travel involves an overnight stay or air travel.

The amounts listed in the Schedule of Benefits are the maximum amounts payable per Insured Person under each Policy section and are noted in Australian Dollars.

Any reference to an Act, legislation or legislative instrument in this document also refers to that Act, legislation or legislative instrument as amended and may be in force from time to time.

SECTION 1 – Cancellation & Curtailment

You are covered up to the amount shown in the Schedule of Benefits if Your Trip is necessarily and unavoidably cancelled prior to commencement because any of the following events first occurs during the Period of Insurance.

You are also covered up to the amount shown in the Schedule of Benefits if Your Trip is necessarily and unavoidably curtailed, cut short or re-arranged because any of the following events first occurs after Your Trip has commenced.

i. Your death, Bodily Injury or Illness.
ii. The death, Bodily Injury or Illness of Your Relative; Your Travelling Companion; Your Business Partner; or the person with whom You had pre-arranged to stay at the Trip destination.
iii. The death, Bodily Injury or Illness of Your Travelling Companion's Relative provided Your Travelling Companion's Trip is also insured with Us.
iv. You or Your Travelling Companion being subject to compulsory quarantine, jury service attendance or being called as a witness at a Court of Law.
v. Your or Your Travelling Companion's redundancy which qualifies for payment under current redundancy legislation in Your Normal Country of Residence where at the time of booking Your Trip there was no reason to believe that You (or Your Travelling Companion) would be made redundant.
vi. You or Your Travelling Companion being a member of the armed forces, police, fire, health, nursing or ambulance services or an employee of a government department having authorised leave cancelled due to an Operational Emergency, provided that such cancellation could not have reasonably been expected at the time of booking Your Trip and/or purchasing Your insurance Policy.
vii. Hijack.
viii. Theft of Your or Your Travelling Companion's passport and/or travel documents.
ix. The Public Transport on which You or Your Travelling Companion are booked to travel is cancelled, delayed, rescheduled, diverted or otherwise restricted by the Travel Service Provider because of Adverse Weather Conditions, Natural Disaster, riot, strike or civil commotion.
x. Your or Your Travelling Companion's inability to travel to the point of departure for the Public Transport on which You are booked to travel due to a Motor Vehicle Accident or Vehicle Breakdown delaying the vehicle in which You or Your Travelling Companion are travelling.
xi. A government regulation, Adverse Weather Conditions, Natural Disaster or civil unrest which prevents You or Your Travelling Companion from undertaking the pre-booked travel.
xii. Your presence being required to make Your property safe and secure following fire, flood or burglary that causes serious damage to Your home occurring within 48 hours prior to Your departure, or whilst You are away.
xiii. A travel warning issued by the Australian government on the www.smartraveller.gov.au website advising against travel to or through a country which forms a major part of Your itinerary or prevention of access by the Government of the country in question. Australian government advice on the www.smartraveller.gov.au website advising against travel must be issued after You booked Your Trip or purchased Your Policy, whichever is the later and still be in place 7 days prior to Your scheduled travel to the country/area in question for this section to respond.
xiv. The sudden and unexpected death or life-threatening Illness or injury to Your pet cat or dog in the 48 hours prior to Your scheduled departure on the Trip provided that at the time of Policy purchase, Your pet cat or dog is aged less than 10 years and was not being treated or awaiting treatment for the condition that gives rise to Your claim.
xv. The cancellation or curtailment of a scheduled cruise due to high or low water levels which prevent the cruise from operating safely or in accordance with its published itinerary, where:
    i. the disruption was unforeseen;
    ii. You have incurred non-refundable costs for travel or accommodation booked independently of the cruise that cannot be used as a result; and
    iii. You have not received a refund, credit or substitute arrangement for those unused services from the cruise operator or any other provider.

BASIS OF SETTLEMENT

Cancellation:
In the event Your Trip is cancelled due to any of the above events i. to xv., settlement of Your claim will be based on the lesser of the following:

1. the irrecoverable cost of travel, accommodation, car hire and excursions paid by You in respect of the Trip and which are intended to be used within the Period of Insurance. Such costs must have been paid prior to the occurrence giving rise to a claim under this section.
2. the cost of alternative arrangements for You to travel via another route or at a later date to reach Your destination.

If Your Trip can be re-arranged so that You can travel at a later date or via an alternative route, We will do this. However, We will not pay more to rearrange Your Trip than the cancellation costs which would be incurred to completely cancel Your Trip.

Curtailment:
In the event Your Trip is curtailed, cut short or re-arranged prior to completion due to any of the above events i. to xv., You are covered for:

1. Reasonable travel costs (e.g. flights and accommodation) necessary for You to:

   i) return home before the pre-booked return date or later than the pre-booked return date if You are unable to travel as planned; or
   ii) reach Your pre-booked destination.

2. A daily living allowance of $50 per day, per Insured Person to assist with Reasonable daily living expenses (such as meals and incidentals) while You remain overseas awaiting return to Your Normal Country of Residence.

3. A pro-rata refund of irrecoverable pre-booked and unused tours, car hire, excursions, accommodation, airfares and/or cruise costs (excluding airfares, cruise or similar arrangements which were booked for You to return to Your Normal Country of Residence).

In the event You need to return to Your Normal Country of Residence earlier or later than scheduled and claim under this Policy section, We will not pay the value of Your unused pre-booked return travel arrangements. This is because We will be paying the cost of Your early return to Your Normal Country of Residence under this section. If You do not have any pre-booked return travel arrangements, this cost may be deducted from Your claim.

If You used Frequent Flyer points, air miles, loyalty card points and/or redeemable vouchers to purchase Your Trip, We will only compensate You for these if You are not able to reinstate or otherwise recover Your loss. We will calculate the value of Your loss as follows:

Frequent flyer points, air miles and similar:
- the cost of an equivalent class fare based on the best available advance purchase fare for the same booking period less any payment You made towards the booking;
- multiplied by the total amount of points lost;
- divided by the total number of points used to make the booking.

Vouchers and similar:
- the face value of the voucher up to the current market value of an equivalent booking.

If Your pre-booked travel arrangements are cancelled and We have paid travel costs for You to return home other than as scheduled, We will deduct from Your claim the value of Frequent Flyer points (or similar) that You are able to recover for the cancelled booking.

Exclusions
You are not covered for:

1. Any amount which is refundable or otherwise recoverable or offered as credit from any tour operator or Travel Service Provider, regardless of whether You accept the refund or credit.
2. Any costs for unused travel arrangements which are planned to occur outside the Period of Insurance.
3. Failure of any travel agent, tour operator, transport or accommodation provider, person or agency to pass on monies paid by You or on Your behalf to Travel Service Provider/s.
4. Failure of any travel agent, tour operator, transport or accommodation provider, person or agency to deliver promised or contracted services.
5. Losses or costs resulting from the cancellation, delay or rescheduling of Public Transport on which You are booked to travel due to operational, technical, schedule, mechanical breakdown or maintenance reasons. Please refer to Section 10 for the limited cover We offer for losses arising from carrier caused delays and cancellation of Public Transport services.
6. Any claim arising from the cancellation, curtailment or modification of a sea or river cruise due to high or low water levels, for:
   a. the cost of the cancelled cruise itself;
   b. the cost of any travel, accommodation or other arrangements (including pre- or post-cruise extensions) booked through or refunded by the cruise operator; or
   c. the cost of any alternative transport, accommodation or itinerary provided or arranged by the cruise operator.

   Note: This exclusion does not apply to the cost of independently booked travel or accommodation arrangements that are unused solely due to the cruise disruption and for which no refund, credit or substitute arrangement is available.
7. Travel agent cancellation fees above the level of commission and/or service fees normally earned by the agent if Your Trip had not been cancelled. If no travel agent commission had been earned at the time Your Trip was cancelled, the most We will pay for the agent to cancel Your Trip is in accordance with their fee schedule provided to You at the time of booking or standard industry charges (whichever is the lesser).

8. More than $1,000 in total for any claim arising from the death, Bodily Injury or Illness of Your Relative, Your Travelling Companion, Your Business Partner or the person with whom You had pre-arranged to stay at the Trip destination where the claim arises directly or indirectly from that person's Pre-existing Medical Condition. This includes (but is not limited to) situations where, before the Policy commenced, that person:
    a. was hospitalised (including attendance at an Accident & Emergency or for day surgery) in the 12 months prior to policy commencement for the condition giving rise to the claim, or any condition related to or exacerbated by it;
    b. was living in a nursing home, aged care facility, Supported Residential Service (SRS/SRF), or other residential care facility;
    c. was not living independently at home and was receiving home care or flexible care services;
    d. was living in a retirement village and receiving home care or flexible care services;
    e. was experiencing symptoms of an undiagnosed condition, or was awaiting surgery, inpatient treatment, or diagnostic tests at a hospital or clinic for that condition or a related condition;
    f. had a drug or alcohol addiction; or
    g. had a terminal illness.

    Note: *This exclusion does not apply if Your Travelling Companion is also insured with Us and they declared their Pre-existing Medical Condition to Us at the time of Policy purchase and We agreed to provide cover.*
9. Circumstances known to You prior to booking the Trip and/or purchasing Your Policy and which could reasonably be expected to give rise to Cancellation or Curtailment of the Trip.
10. Disinclination/reluctance to travel or loss of enjoyment.
11. Any pre-paid travel and/or accommodation arrangements which were unused where We have paid additional travel and/or accommodation expenses for the same period of time.
12. a. Cyber Loss; or
    b. loss, damage, liability, claim, cost, expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any Data, including any amount pertaining to the value of such Data;

    regardless of any other cause or event contributing concurrently or in any other sequence thereto.
13. Any claim resulting from the inability of the Insured, a tour operator or wholesaler to complete arrangements for a group tour, due to a deficiency in the number of persons required to commence or complete any part of the tour.
14. Any claim arising directly or indirectly from Coronavirus COVID-19. Please see Section 16 for details of the limited cover provided for claims arising from Coronavirus COVID-19.
15. Any claim excluded by the General Exclusions applicable to this Policy.
16. Any claim for daily living allowance if You are concurrently claiming the same period and event under Section 4, Section 6 or Section 16.
17. Any claim for food, meals, incidentals or other daily living expenses that exceeds the daily limit as outlined under the Curtailment section.

Specific Conditions

1. If You wish to have all prepaid travel costs covered in the event of Cancellation or Curtailment, You must ensure You have a Policy which covers Your entire travel period. This is because the Policy will only provide cover for prepaid travel costs which were scheduled to occur within the Period of Insurance.
2. You must have planned to arrive at Your pre-booked departure point in advance of the carrier's earliest scheduled check-in time for the relevant flight, and where Your claim arises from a missed connection, allowed Minimum Connecting Time (as applicable).
3. In the event of a claim resulting from a Motor Vehicle Accident or Vehicle Breakdown, You must provide a report from the roadside assistance company or police to verify the cause of delay.
4. In the event of a claim due to failure or delay of Public Transport, You must provide written confirmation from the carrier, transport company or relevant authority confirming the duration of the delay and its cause.
5. If You become aware of circumstances which make it necessary for You to cancel the Trip prior to departure, You must advise Your Travel Service Provider(s) in writing within 48 hours. The maximum amount We will pay will be limited to the applicable cancellation charges at that time.
6. If You wish to curtail the Trip and claim additional costs thereby incurred, You must obtain Our consent. Failure to obtain Our agreement to the proposed arrangements may result in Your claim being limited or declined.
7. If You wish to curtail Your Trip and return to Your Normal Country of Residence due to a medical reason, You must:
    - Obtain confirmation from Our medical advisers that early return is Medically Necessary; and
    - Contact Us *before* altering Your travel plans to obtain Our agreement.

    Failure to do so may result in Your claim being limited or declined.

SECTION 2 – Resumption of Trip

You are covered up to the amount shown in the Schedule of Benefits for Reasonable travel costs incurred to resume the Trip if, during the Period of Insurance, You returned to Your Normal Country of Residence and to which this Policy responds.

Exclusions
You are not covered for:

1. Any claim where there is less than 25% of the original Trip period remaining at the time You wish to resume Your journey.
2. Any claim where the resumption of Your Trip does not occur prior to the original expiry date of this Policy.
3. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 3 – Overseas Medical Expenses and Repatriation

You are covered up to the amount shown in the Schedule of Benefits for the following expenses in the event You sustain a Bodily Injury, Illness or dies whilst overseas during the Period of Insurance:

i. the Reasonable cost of medical, surgical, hospital, ambulance and nursing treatment, including repatriation or transfer by whatever means deemed Medically Necessary. We reserve the right to repatriate You or transfer You to another location, region or country where appropriate medical care is available, when, in the opinion Our medical advisers, You are fit to travel. In such cases, We may determine the timing, destination and method of repatriation or transfer based on medical need and suitability of care.
ii. the Reasonable cost of ship to shore evacuation if Your Trip involves a cruise.
iii. the Reasonable cost of transporting Your mortal remains to Your Normal Country of Residence or the Reasonable cost of a funeral in the country where death occurs.
iv. the Reasonable cost of additional travel and accommodation for You and one member of the travelling party to remain with You if necessary on medical grounds when, in the opinion of Your treating Medical Practitioner and Our medical advisers, Your original and pre-booked onward travel or return journey is impossible on medical grounds.
v. an Economy Class fare and the cost of Reasonable accommodation for a Relative to travel to You where, in the opinion of the treating Medical Practitioner and Our medical advisers, their presence is strictly necessary on medical grounds.
vi. the Reasonable cost of emergency dental treatment to healthy, natural teeth for the immediate relief of pain and suffering.

Exclusions
You are not covered for:

1. Medical treatment, ambulance services or dental treatment provided in Australia.
2. Medical treatment, ambulance services or dental treatment provided more than 12 months from the date the Bodily Injury was sustained or Illness contracted.
3. Medical treatment which is cosmetic, routine, experimental, preventive or elective and/or can reasonably be delayed until You return to Your Normal Country of Residence.
4. Medical treatment of any kind received after You have refused the offer of repatriation when in the opinion of the treating Medical Practitioner and Our medical advisers You are fit to travel.
5. Additional costs of single or private hospital room accommodation unless medically necessary.
6. Additional accommodation costs where We have also paid a claim for the value of cancelled/forfeited accommodation in respect of the same period.
7. The continued investigation or follow-up treatment (including medication and ongoing immunisations) for a condition which existed or was being investigated or treated prior to Your departure.
8. The cost of manufacturing, installing, repairing or replacing dental bridges, dental implants, dentures, veneers, crowns or caps.
9. Dental expenses which relate to treatment of gingivitis, deterioration/decay, normal maintenance of dental heath, cleaning, scaling or tooth whitening.
10. Medical treatment not verified by a report obtained from the treating Medical Practitioner and/or the cost of over-the-counter medication/consumables unless You have consulted a Medical Practitioner in respect of the Bodily Injury or Illness giving rise to the claim.
11. Treatment obtained after Your original Period of Insurance expires in respect of a Bodily Injury or Illness You suffered during the Trip and/or the continued treatment of a Bodily Injury or Illness You suffered during the original Policy period unless You request and We agree to provide a Policy extension whilst You are still overseas.
12. Private hospital or medical treatment where public funded services or care is available, including but not limited to under any Reciprocal Health Agreement (RHA) between the Australian government and the government of any other country.
13. Any claim arising from an Illness or Bodily Injury or symptoms of which You first became aware after You purchased the Policy but before You commenced the Trip unless You notified Us or obtained written confirmation from Your Medical Practitioner that You were medically fit to undertake the Trip.
14. Any claim arising directly or indirectly from Coronavirus COVID-19. Please see Section 16 for details of the limited cover provided for claims arising from Coronavirus COVID-19.
15. Any claim excluded by the General Exclusions applicable to this Policy.

Specific Conditions

1. If You are admitted to hospital as an inpatient or are likely to incur medical costs which exceed $2,000 You must contact Us. Failure to do so may result in Your claim being limited or declined.
2. If You wish to return to Your Normal Country of Residence other than as scheduled and claim

additional costs thereby incurred, You must obtain Our consent. Failure to obtain Our agreement to the proposed arrangements may result in Your claim being limited or declined.

3. You must use medical facilities covered by any Reciprocal Health Agreements where possible. Where You wish to obtain treatment outside the facilities covered by applicable Reciprocal Health Agreements, We must authorise this.
4. If We determine that You should return to Your Normal Country of Residence but You do not agree to do so, We will pay the equivalent amount that would have been incurred in respect of Your claim if You had agreed with Our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising from the event and/or medical condition for which You have claimed. Where We do not require You to return to Your Normal Country of Residence for treatment, We will only pay for necessary and Reasonable treatment received overseas as provided for under this section for up to 12 months after the Bodily Injury or Illness giving rise to Your claim first occurred.
5. If We decide to repatriate You to Your Normal Country of Residence and You do not have any pre-booked return travel arrangements, You may be required to contribute the cost of a one-way ticket to Your Normal Country of Residence. This contribution will be assessed as the published fare(s) available for purchase on the date of Your repatriation and of comparable standard to Your pre-booked travel arrangements.
6. If You sustain an injury and require treatment from a physiotherapist, chiropractor or osteopath, You can obtain the first three treatments before asking for Our consent. For any treatments beyond the initial three, You will need Our consent.
7. We will only pay for Your early return to Your Normal Country of Residence under this section if repatriation is deemed Medically Necessary by Our medical advisers.

SECTION 4 – Hospital Cash Benefit

You are covered up to the amount shown in the Schedule of Benefits for each complete 24 hour period that You are confined to a hospital outside Your Normal Country of Residence as an inpatient due to a Bodily Injury or Illness that is covered under this Policy.

This benefit is in addition to the cover provided under Section 3 (Overseas Medical Expenses and Repatriation). It is not payable for any period during which the daily living allowance is paid under Section 1, Section 6 or Section 16.

SECTION 5 – Death/Personal Accident

You are covered for the amount shown in the Schedule of Benefits in the event You disappear or sustain Bodily Injury and which results solely and independently of any other cause in Your death, Loss of Sight, Loss of Limb(s) or Permanent Total Disablement within twelve (12) calendar months of the Bodily Injury. In the event of Your disappearance, the death benefit will be paid if Your body has not been found within 12 months after the date of disappearance.

Exclusions

You are not covered for:

1. Any claim arising out of disease, natural causes, Illness or self-injury.
2. Any claim arising out of surgery unless as a direct result of the Accident giving rise to the claim.
3. Any claim for Permanent Total Disablement unless at the time of the Accident You were engaged in full time and permanent employment.
4. Any claim where You do not follow the advice and instructions of the treating Medical Practitioner.
5. Any claim excluded by the General Exclusions applicable to this Policy.

Specific Conditions

1. We will not pay more than the amount shown in the Schedule of Benefits in respect of the same Insured Person.
2. In the event of an Accident involving more than one Insured Person, where the total claim exceeds $2,000,000, the total amount payable shall be proportionally reduced until that total does not exceed $2,000,000.
3. If We pay the death benefit in the event of Your disappearance and it is subsequently found that You did not die as a result of Bodily Injury, You agree to repay the benefit We paid.
4. Where an Insured Person is aged less than 18 years
   (a) The sum insured for Accidental death shall be limited to $20,000.
   (b) The definition for Permanent Total Disablement shall be amended to read as follows:

   "Disablement which entirely prevents the Insured Person from attending to full time education for a period of 12 consecutive months, and at the end of that period is beyond hope of improvement and without prospect of being able to undertake any gainful occupation or of being able to support him/herself financially".
5. We reserve the right to obtain a medico-legal assessment at Our cost to confirm the extent of Your impairment/disablement.

SECTION 6 – Daily Living Allowance

You are covered up to the amount shown in the Schedule of Benefits for each day You remain overseas solely because You are medically unfit to return to Your Normal Country of Residence as originally scheduled.

This benefit is only payable where:

- The medical condition preventing Your return is covered under this Policy; and
- In the opinion of Our medical advisers, You are medically unfit to travel; and

- You are not receiving the Hospital Cash Benefit under Section 4 or the daily living allowance under Section 1 or Section 16 for the same period.

This daily allowance is intended to assist with Reasonable living expenses (such as meals and incidentals) during the period You remain overseas awaiting medical clearance to travel.

Where We have authorised a support person (such as a Relative or a member of Your travelling party) to remain with or accompany You, this benefit is also payable in respect of that person for the same period.

Exclusions
You are not covered for:

1. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 7 – Personal Property

You are covered up to the amount shown in the Schedule of Benefits for permanent loss, theft or damage to Your Personal Property, Electronic Equipment and Valuables.

We will at Our option pay
1. the value of the claimed item at the date of loss, theft or damage (i.e. the item's market/used value);
2. the original cost price of the claimed item from which We will deduct an amount for depreciation;
3. the cost of repairing the claimed item; or
4. the applicable sub-limit.

We may elect to use more than one of the above options in settling Your claim. If We elect to apply depreciation, this will be in accordance with the Depreciation Schedule noted in the Claims Procedure section.

The maximum benefit for any single item, pair or set of items is $500. The maximum benefit for each item of Electronic Equipment is $750. The maximum amount payable for all Electronic Equipment and Valuables is $2,000.

You must be able to prove ownership and value of claimed items. At Our sole discretion, We reserve the right to limit the claim to $100 for each single item and $500 in total for all items where You cannot provide an original receipt or proof of purchase (which pre-dates the loss).

We will also cover Reasonable and receipted costs for medical consultations and replacement prescription medication required to replace Your prescription medication if it is lost, stolen or damaged whilst You are travelling overseas during Your Trip. The most We will pay for all such expenses is $500. We are unable to provide this benefit if the loss or damage to Your medication occurs in Australia.

Exclusions
You are not covered for:

1. Loss, theft or damage to:
   i. contact or corneal lenses, dentures, false body parts or prostheses.
   ii. passports, household goods, furniture, perishable items, professional goods and samples.
   iii. bicycles and associated equipment, e-bikes, e-scooters, vehicles and vehicle accessories, unmanned aerial devices and drones.
   iv. general sports clothing and sporting equipment whilst in use.
2. Breakage of fragile item/s unless caused by fire or an accident to the aircraft, ship, train or vehicle in which the item/s are being carried.
3. Loss, theft or damage to item/s belonging to another person, hired or loaned to You.
4. Item/s confiscated by police, customs or other relevant authority.
5. Damage due to atmospheric or weather conditions, mould, fungus, insects, birds, moth, vermin, rust, corrosion, depreciation or gradual deterioration.
6. Cosmetic, aesthetic, superficial or minor damage that does not materially affect the functionality, usability or intended purpose of the item. This includes, but is not limited to, scratches, dents, scuffs, stains or other minor imperfections.
7. Damage due to leakage of liquid, powder or other substances from containers carried in Your luggage.
8. Loss or damage caused by any form of cleaning, repair, restoration or alteration.
9. Mechanical or electrical breakdown or derangement.
10. Loss, theft or damage to Personal Property whilst in the custody of a Travel Service Provider unless reported to the relevant company and a written report is obtained.
11. Loss, theft or damage to Electronic Equipment and/ or Valuables which have been checked-in or transported in the cargo hold of any aircraft, bus, train, ship, ferry or similar transport which means any loss from the point of check-in until collection by You from the baggage carousel or collection area at the conclusion of Your travel on Public Transport services.
12. Loss, theft or damage to Personal Property, Electronic Equipment and/or Valuables sent by post, freight or other form of unaccompanied transit.
13. Any claim resulting from loss, theft or damage to Your Electronic Equipment, Valuables and/or any item valued over $100 unless You provide a police report or similar obtained within 24 hours of discovering the loss, theft or damage and original documentation to evidence ownership and value of the claimed item(s).
14. More than $250 for all items of Personal Property, Electronic Equipment and/or Valuables left in a tent, an unattended motor vehicle, Left Behind or Unattended in a Public Place at any time.

15. Any claim resulting from loss, theft or damage to Your Electronic Equipment and/or Valuables where they are outside Your immediate control and supervision unless in a locked safe, locked hotel room or locked private accommodation.
16. Costs incurred to re-take photographs, video footage and/or restore data records of any kind.
17. Costs incurred following unauthorised use of mobile telephones or mobile broadband devices.
18. More than the value of the part of a pair or set that is stolen, lost or destroyed.
19. Loss, theft or damage occasioned by persons You have invited into Your private accommodation or hire car.
20. Loss or damage to Electronic Equipment and/or Valuables that occurs while You are swimming, participating in water sports, boarding or deboarding a waterborne vessel, or if they are otherwise dropped into or submerged in water.
21. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 8 – Delayed Luggage/Emergency Purchases

You are covered up to the amount shown in the Schedule of Benefits for the purchase of immediate necessities if Your checked-in luggage is misdirected, misplaced or delayed by Your carrier for at least 12 hours on an outward leg of Your Trip. Immediate necessities are shoes and clothing, toiletries, non-prescription medication (and bag if required) which You need to purchase because Your checked-in luggage has been misdirected, misplaced or delayed.

We will also pay up to $100 for transport to retrieve Your luggage if it is not delivered to You by the carrier. This benefit is in addition to the amount shown in the Schedule of Benefits.

Exclusions

You are not covered for:

1. Any claim excluded by the General Exclusions applicable to this Policy.

Specific Conditions

1. If You are entitled to compensation from the carrier, We will only pay the difference between the amount of Your expenses and the amount of compensation received from the carrier up to the limit of this Policy.
2. You must provide the original Property Irregularity Report (PIR) issued by the carrier and original receipts for all claimed expenses.
3. You must provide evidence that Your checked-in luggage was misdirected, misplaced or delayed for at least 12 hours. Evidence may include written confirmation from the carrier, baggage tracking updates, delivery notification emails/SMS, courier delivery records, or other reasonable documentation showing when the delay was reported and when the luggage was delivered or made available for collection. If You are unable to obtain written confirmation from the carrier, You must provide a reasonable explanation and evidence that You attempted to obtain it.
4. If You claim for transport to retrieve Your luggage (up to $100), You must provide receipts or other reasonable evidence of the transport costs incurred.
5. This section does not operate if Your luggage is misdirected, misplaced or delayed on the return or final sector of Your Trip.

SECTION 9 – Personal Money & Loss of Passport

You are covered up to the amount shown in the Schedule of Benefits for:

i. theft of Your Personal Money.
ii. Reasonable and receipted additional travel, accommodation and administration expenses necessarily incurred whilst overseas to obtain an emergency replacement passport, travel documents and/or visas and/or reach your prebooked destination following accidental loss of or damage to Your passport and/or visas.
iii. the value (based on the current replacement cost) of the period left on Your passport at the time it is lost, stolen or destroyed.

Exclusions

You are not covered for:

1. Loss, theft or damage to Personal Money and/or Your passport which have been checked-in or transported in the cargo hold of any aircraft, bus, train, ship, ferry or similar transport.
2. Any claim resulting from loss, theft or damage to Personal Money and/or Your passport from a tent, an unattended motor vehicle or where they have been Left Behind or Unattended in a Public Place.
3. Any claim resulting from loss, theft or damage to Personal Money and/or Your passport where they are outside Your immediate control and supervision unless in a locked safe, locked hotel room or locked private accommodation.
4. Any claim where You do not provide a police report or similar to support the loss; evidence of the amount of Personal Money stolen; evidence of the remaining validity of Your passport; and/or original receipts for all additional expenses for which You claim compensation.
5. Any loss resulting from money handlers, banks or automatic teller machines failing to issue the correct amount of cash.
6. Unauthorised use of travellers cheques, credit cards, debit cards, money orders or telephone cards.
7. Loss of bonds or securities.
8. Loss, theft or damage occasioned by persons You have invited into Your private accommodation or Rental Vehicle.
9. Confiscation of Personal Money, Your passport and/or travel documents by police, customs or other relevant authority.

10. Damage due to atmospheric or weather conditions, mould, fungus, insects, birds, moth, vermin, depreciation or gradual deterioration.
11. Damage due to leakage of liquid, powder or other substances from containers carried in Your luggage.
12. Loss or damage caused by any form of cleaning, repair, restoration or alteration.
13. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 10 – Delayed Travel & Missed Connections

You are covered up to the amount shown in the Schedule of Benefits for Reasonable additional travel, accommodation, meals and communications costs incurred for You to resume Your Trip if:

i. the departure of the Public Transport on which You are scheduled to travel is delayed by at least 12 hours from the departure time specified in the pre-booked itinerary; or
ii. You miss a pre-booked travel connection because the Public Transport on which You are travelling to the departure point arrives too late for You to board.

Meal expenses are limited to a maximum of $30 per Insured Person, per day and are only payable where the delay occurs more than 100km from Your home or usual place of residence.

Specific Conditions

1. You must have planned to arrive at Your pre-booked departure point in advance of the carrier's earliest scheduled check-in time for the relevant flight, and where Your claim arises from a missed connection, allowed Minimum Connecting Time (as applicable).
2. You must claim from the Travel Service Provider and accept any reasonable alternative travel arrangements offered by them.
3. To support Your claim, You must provide Us with the Travel Service Provider's written confirmation of the cause and period of delay experienced, the amount of compensation and details of alternative travel arrangements offered to You. If You are unable to provide this written confirmation, You must provide Us with a reasonable explanation of why You have not sourced it and also evidence that You attempted to do so.

Exclusions

You are not covered for:

1. Any claim caused by an event or occurrence if it had started or been announced before You purchased Your Policy or booked Your Trip.
2. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority, Port Authority or any similar body in any country.
3. Any claim arising from Financial Default of any travel agent, tour wholesaler, tour operator or booking agent.
4. Any claim where You have claimed under Section 1 in respect of the same cause.
5. Any claim for meal expenses exceeding $30 per Insured Person, per day, or for meal expenses incurred within 100km of Your home or usual place of residence.
6. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 11 – Hijack, Kidnap & Kidnap for Ransom

In the event of Your detention, internment, Hijack, Kidnap or Kidnap for Ransom during the Trip, We will pay $100 per day or part thereof until Your release, for a maximum of 60 days.

In the event of Your Express Kidnapping during the Trip, We will pay $100 per day or part thereof until Your release, for a maximum of 7 days.

In addition, We will pay additional expenses necessarily and reasonably incurred by way of Consultant costs, legal, hotel, travel, related incidental expenses, Ransom Monies and the like, to secure Your release.

The maximum amount payable is $250,000 as stated in the Schedule of Benefits for all losses under this section occurring during the Period of Insurance. The maximum amount We will pay in respect of Consultant costs is $50,000.

Specific Conditions

1. You have not engaged in any political or other activity that would prejudice this insurance.
2. You have no family or business connections that could be expected to prejudice this insurance or increase Our risk.
3. Your visas and travel documents are in order prior to commencing the Trip.
4. In the event of an incident, We must be contacted at the earliest opportunity with as much information as possible of any situation that could give rise to a claim.
5. No offer, promise or payment shall be made by You without Our consent.
6. No claims shall be payable in respect of any Insured or Insured Person who has previously had Hijack, Kidnap or Kidnap for Ransom Insurance declined or cancelled.

Exclusions

You are not covered for:

1. Any claim arising from a Trip within Your Normal Country of Residence.
2. Any Kidnap and Kidnap for Ransom occurring in:
   i) any country located in Central or South America; or
   ii) Afghanistan, Iran, Iraq or the Philippines; or
   iii) any country in which the United Nations armed forces are deployed.

3. Any claim in respect of the Kidnap or Kidnap for Ransom of a child by their parent or guardian.
4. Any claim resulting from any fraudulent, dishonest or criminal act committed or attempted by You or Your authorised representative including any person who has custody of any Ransom Monies.
5. Any sums, property or other consideration surrendered to any person other than those responsible for making a previously communicated ransom demand to You or any person(s) authorised to act on Your behalf.
6. Any claim arising out of any act(s) by an Insured Person that would be considered an offence by a court of Australia if the act had been committed in Australia.
7. Any claim where the detainment, internment, Hijack, Kidnap, or Kidnap for Ransom of an Insured Person is for a period of less than 3 days unless the detainment or internment is as a result of Express Kidnapping.
8. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 12 – Political and Natural Disaster Evacuation Expenses

You are covered up to the amount shown in the Schedule of Benefits for Reasonable costs incurred to return to Your Normal Country of Residence or relocate to the nearest place of safety if You need to be evacuated due to:

i. A formal recommendation by the Australian Department of Foreign Affairs and Trade that You (or a class of persons which includes You) specifically leaves the country You are in;
ii. You being expelled or declared persona non grata in the country You are in; or
iii. A Natural Disaster has occurred in the country You are in, which necessitates Your immediate evacuation to avoid personal risk of Bodily Injury or Illness.

If You are unable to return directly to Your Normal Country of Residence, We will pay up to $200 per day for a maximum of 15 days or until such time as You can be evacuated to Your Normal Country of Residence, whichever occurs first, for Reasonable and necessary expenses incurred for accommodation, transportation and food.

Specific Conditions

1. In the event of a claim under this section, We must be contacted as soon as possible and We will make all necessary travel arrangements to evacuate You. Failure to notify Us may result in Your claim being limited or declined.

Exclusions

You are not covered for:

1. Any claim if You have breached or are accused of breaching the laws of the country from which You must be evacuated.
2. Any claim which results from Your failure to maintain and possess duly authorised and required documents, visas, permits and the like that are necessary for You to enter and remain in the country.
3. Any claim arising from or attributable to debt, commercial failure, insolvency, repossession of property or any other financial cause.
4. Any claim arising from Your failure to:
   (a) Honour any obligations in any contract;
   (b) Provide bond or other security because of any liability assumed by You; and/or
   (c) Obey any conditions in a licence.
5. Any claim for evacuation from Your Normal Country of Residence.
6. Any claim where political unrest or a Natural Disaster existed prior to You entering the country or its occurrence was foreseeable before You entered the country.
7. Any claim for expenses necessarily incurred as part of the original travel budget.
8. Any claim where it is deemed by Us to be too dangerous to evacuate You or it is illegal to do so.
9. Any claim which is excluded by the General Exclusions applicable to this Policy.

SECTION 13 – Insolvency of Travel Service Provider

You are covered up to the amount shown in the Schedule of Benefits if You must cancel or amend Your Trip due to the Financial Default of a Travel Service Provider.

In the event Your Trip is cancelled, You are covered for:

i. the irrecoverable cost of travel, accommodation, car hire and excursions paid or contracted to be paid by You to organisations unrelated to the failed Travel Service Provider in respect of the Trip; or
ii. the Reasonable cost of alternative arrangements for You to reach Your pre-booked destination.

We retain the sole right to decide which of the above options will be exercised in settling Your claim.

In the event Your Trip is curtailed, You are covered for the Reasonable cost of alternative arrangements for You to reach Your pre-booked destination or return to Your Normal Country of Residence.

Exclusions

You are not covered for:

1. Financial Default of any travel agent, tour wholesaler, tour operator or booking agent.
2. Financial Default of a Travel Service Provider if at the time of booking the Trip and/or purchasing Your Policy, the Financial Default had already occurred or a reasonable person would expect to occur.
3. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 14 – Personal Liability

You are covered up to the amount shown in the Schedule of Benefits for all costs You are held legally liable to pay in respect of:

i. accidental Bodily Injury to or death of another person;
ii. accidental loss or damage to another person's property, including Your temporary holiday accommodation and its contents.

This benefit is inclusive of all legal costs You incur and which arise solely as a result of the event giving rise to the claim.

Exclusions

You are not covered for:

1. Any liability which has been assumed by You under agreement unless the liability would have attached in the absence of such agreement.
2. Any claim which arises from the pursuit of any business, trade, profession, occupation or supply of goods and services.
3. Any claim arising from ownership, possession or operation of any aircraft, motorised vehicle including but not limited to car, motorcycle, moped, scooter, e-scooter, quad bike/All Terrain Vehicle (ATV), jet ski, motorboat, hoverboard, hovercraft, segway, electric (or power assisted) bicycle, drone or watercraft (other than surfboard).
4. Any claim arising from ownership or occupation of land or buildings (other than occupation of any rented holiday accommodation).
5. Any claim resulting from a wilful or malicious act.
6. Any claim resulting from the ownership or use of any firearm or weapon.
7. Any claim resulting from animals belonging to You or in Your care or custody.
8. Any claim for Bodily Injury, Illness, disease or death of; or damage to property owned by You, Your Travelling Companion, Your Relative, Your employees or members of Your household.
9. Any claim excluded by the General Exclusions applicable to this Policy.

Specific Conditions

1. You must give Us written notice as soon as possible and within seven days of any incident which may give rise to a claim.
2. You must forward every letter, writ, summons and process to Us as soon as possible and within seven days of receipt.
3. You must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without Our written consent.
4. We retain the right to assume conduct of any defence or negotiate settlement.
5. You must obtain Our written agreement to any legal costs You wish to claim before they are incurred.

SECTION 15 – Rental Vehicle Excess

You are covered up to the amount shown in the Schedule of Benefits for reimbursement of the Rental Vehicle insurance excess or the cost of repairing the Rental Vehicle, whichever is the lesser, if the Rental Vehicle You have rented from a licensed rental company or Car Club Company is involved in a Motor Vehicle Accident, damaged or stolen while in Your custody.

We will also pay up to the amount shown in the Schedule of Benefits for the cost of returning the Rental Vehicle to the nearest depot, if Your attending Medical Practitioner certifies in writing that You are unfit to do so during Your Trip.

Exclusions

You are not covered for:

1. Any claim which arises from You operating or using the Rental Vehicle in violation of the rental agreement.
2. Any claim arising directly or indirectly from wear, tear, gradual deterioration, insects, vermin, wilful damage by You, latent defects or damage.
3. Any claim arising from or in connection with the hire of a motorcycle, scooter or waterborne craft.
4. Any claim excluded by the General Exclusions applicable to this Policy.

SECTION 16 – Coronavirus COVID-19

Cover under this Policy is extended to include claims arising from Coronavirus COVID-19 under Section 1 (Cancellation & Curtailment) and Section 3 (Overseas Medical Expenses) as noted below.

Except as amended by this section, cover for claims arising from Coronavirus COVID-19 are subject to the same conditions and exclusions as Section 1 (Cancellation & Curtailment) and Section 3 (Overseas Medical Expenses) in addition to the conditions and exclusions noted in this section.

Cover under this section starts from the date and time We issue the Policy to You if this is no more than 24 hours after You booked Your Trip. If You did not purchase this Policy within 24 hours of booking Your Trip, then the cover provided by this section commences 7 days after the date and time We issue the Policy to You.

The cover provided under this section applies to international and domestic Trips including cruises.

Cancellation & Curtailment

You are covered up to the amount shown in the Schedule of Benefits in the event Your Trip is necessarily and unavoidably cancelled prior to commencement or curtailed prior to completion because:

i) You or Your Travelling Companion contract Coronavirus COVID-19 in Australia resulting in You or Your Travelling Companion being medically unable to undertake the pre-booked Trip. The positive diagnosis must be confirmed by

a PCR test, a rapid antigen test (RAT) taken under medical supervision or by a Medical Practitioner.

ii) You or Your Travelling Companion are ordered by the Australian government or a state health authority into mandatory quarantine or self-isolation because You or Your Travelling Companion live with someone who has contracted Coronavirus COVID-19 and You or Your Travelling Companion are deemed to be a household contact. This order must be made after You booked Your Trip and purchased Your Policy or when the cover provided by this section came into force (whichever is the later). This quarantine or self-isolation order must still be in force at the time of Your scheduled departure so as to prevent You from undertaking the pre-booked Trip.

iii) Your Relative or Business Colleague in Australia contracts Coronavirus COVID-19 and a Medical Practitioner certifies in writing that the level of infection is life threatening.

iv) You or Your Travelling Companion are ordered into mandatory quarantine by a government or public health authority during the Trip because You and/or Your Travelling Companion have contracted Coronavirus COVID-19.

v) You or Your Travelling Companion are denied boarding of Public Transport due to the detection of possible Coronavirus COVID-19 symptoms.

Overseas Medical Expenses

The cover provided under Section 3 (Overseas Medical Expenses) is extended to include cover if You are diagnosed with Coronavirus COVID-19 whilst travelling overseas during the Period of Insurance.

You are also covered for the Reasonable cost of additional accommodation if, whilst travelling overseas during the Period of Insurance, You are ordered into mandatory quarantine because You or Your Travelling Companion have contracted Coronavirus COVID-19.

Daily Living Allowance

You are covered for a daily living allowance to assist with Reasonable daily living expenses (such as meals and incidentals) while You remain overseas due to a confirmed diagnosis of Coronavirus COVID-19 awaiting return or continuation of the Trip. The most We will pay is $50 per day, per Insured Person.

Specific Conditions (Section 16)

1. If You had planned to utilise free-of-charge accommodation during the Trip (e.g. staying with friends and family) and You need to arrange alternative accommodation because You, Your Travelling Companion or host contracts Coronavirus COVID-19, We will only pay alternative accommodation costs for the mandatory quarantine period. This benefit is limited to the cost of the alternative accommodation or $250 per night (whichever is the lesser).
2. If You contract Coronavirus COVID-19 while travelling and can remain in Your pre-booked accommodation during Your isolation period, there is no benefit payable for costs You would have otherwise incurred. If You have to leave Your pre-booked accommodation due to Coronavirus COVID-19 infection, any refund or credit available for Your pre-booked and unused accommodation will be offset against Your claim for isolation/quarantine accommodation.
3. If You incur additional travelling expenses (e.g. new airfares to travel post-recovery, any refund available on Your original travel arrangements will be payable to Us or deducted from Your claim. If any credit is available to You on unused original travel arrangements, this will be offset against any claim payable under this section for additional costs incurred.
4. This section will respond to medical, additional accommodation, quarantine/isolation and travel expenses necessarily incurred due to You or Your Travelling Companion contracting Coronavirus COVID-19. With the exception of the daily living allowance benefit (if applicable), it does not cover discretionary or routine expenses incurred during any isolation period, including entertainment, alcohol, internet, phone charges, or other similar costs.
5. General Exclusion 38 is waived in instances where You are travelling to a destination for which the Australian Department of Foreign Affairs has in force a "Do not travel" warning which relates only to Coronavirus COVID-19. Where the "Do not travel" warning relates any other reason and/or in addition to Coronavirus COVID-19, General Exclusion 38 is not waived and We will not pay any claim arising from or related to travel to that destination.

Exclusions

You are not covered for:

1. Any claim which is excluded by Section 1, Section 3 and/or the General Exclusions applicable to this Policy.
2. Any claim arising from You deciding to cancel Your Trip because of potential exposure to Coronavirus COVID-19 or similar contagious disease.
3. Any claim where You, Your Travelling Companion, Relative or Business Colleague cannot provide evidence of a positive Coronavirus COVID-19 diagnosis in the form of 1) a PCR test result; 2) a rapid antigen test (RAT) result performed under medical supervision; 3) written confirmation from a Medical Practitioner; or 4) evidence of registration on the relevant government register for positive Coronavirus COVID-19 cases (as applicable).
4. Any claim for cancelled travel arrangements and/or additional travel costs where You or Your Travelling Companion are not able to provide evidence of 1) being subject to enforced government or public health authority quarantine/self-isolation/prevention of travel orders; or 2) having been denied boarding by the

carrier with which You were pre-booked to travel on the grounds of Coronavirus COVID-19 symptom identification (as applicable).

5. Any claim arising from You, Your Travelling Companion, Relative or Business Colleague failing to follow government or public health authority quarantine/self-isolation orders or instructions.
6. The cost of Coronavirus COVID-19 testing which is mandatory for travellers wishing to travel, enter or exit any region, area, state or country.
7. Any claim arising from mandatory self-isolation or quarantine requirements which apply to travellers wishing to enter, travel through or cross over any area, border, region or country.
8. Any claim arising from You neglecting to observe government, public health authority and/or World Health Organisation preventative and precautionary measures including vaccination, hygiene or social distancing guidelines.
9. For cancellation or curtailment of pre-booked travel within Australia if a state or territory government or relevant local authority imposes border restrictions and/or closes state or regional borders so that You are prevented from travelling as planned due to the existence or perceived threat of Coronavirus COVID-19 transmission within the community of that state or region.
10. For cancellation or curtailment of an international Trip if the government of the country You wish to enter imposes border restrictions or closes its borders so that You are prevented from travelling as planned and/or entering the country due to the existence or perceived threat of Coronavirus COVID-19 transmission.
11. Any claim for medical treatment which is self-administered and/or taken without medical direction or medical supervision.
12. Accommodation costs arising from Your decision to self-isolate as a precautionary measure or where there is no official government or public health authority requirement for You to self-isolate.
13. Any claim for accommodation costs incurred because the destination government or public health authority requires travellers to enter mandatory quarantine or self-isolation prior to entering, travelling through or crossing over any area, border, region or country. For the avoidance of doubt, if mandatory quarantine or self-isolation is required regardless of You having contracted, been exposed to or suspected of having Coronavirus COVID-19, this exclusion applies.
14. Any claim where You cannot provide written proof of the need to incur medical or additional expenses.
15. Any claim arising or relating to a Coronavirus COVID-19 diagnosis which predates the purchase of Your Policy.
16. Any claim arising or resulting from a Travel Service Provider rerouting, rescheduling or cancelling Your transport due to Coronavirus COVID-19 border closures or travel restrictions.
17. Any claim for a daily living allowance under this section where a benefit is payable under Section 1, Section 4 or Section 6 for the same event and period of time.
18. Any claim for food, beverages or sustenance expenses exceeding the daily living allowance limits as outlined in this section.

GENERAL EXCLUSIONS

Unless otherwise stated, these exclusions apply to:

- You (the insured person named on the Certificate of Insurance);
- Any other insured person under this Policy;
- Your Travelling Companion, Business Partner or Relative if their situation, actions or state of health gives rise to a claim under this Policy;
- Any other person whose health, actions or circumstances could reasonably be expected to impact Your Trip or give rise to a claim.

You are not covered under any section and/or extension of this Policy for any claim that arises directly or indirectly from any of the following circumstances.

1. Any incident or event that does not occur during the Period of Insurance.
2. Loss or damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority.
3. a. Terrorism, unless the claim is made under Section 1 (Cancellation & Curtailment) or Section 3 (Overseas Medical Expenses), and does not arise from an act involving nuclear, chemical or biological agents.
   b. Terrorist activity that was already taking place at or near Your intended destination at the time of booking or purchasing Your Policy, or where You knew or reasonably ought to have known of such activity.
   c. Your involvement in or contribution to any terrorist act, whether directly or indirectly.
4. a. Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting; or
   b. Arising therefrom or any consequential loss, or any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from:
      i. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
      ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

5. Dispersal, application or release of pathogenic or poisonous biological or chemical materials.
6. Loss, destruction or damage occasioned by pressure waves caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
7. The failure, fear of failure or inability of any equipment or any computer software to recognise, correctly interpret or process any date as its true calendar date or to continue functioning past that date.
8. Loss, theft or damage to property or death, Illness or Bodily Injury if any Insured Person fails to exercise Reasonable Care.
9. Any unlawful or dishonest act committed by any Insured Person or any person whose actions cause a claim under this policy.
10. Breach of any government prohibition or regulation including the failure to obtain and/or maintain a visa, work permit, passport or other relevant travel documents when required.
11. Self-exposure to needless danger (other than in an attempt to save human life), intentional self-injury, suicide or attempted suicide.
12. Errors or omissions in booking arrangements, failure to obtain vaccinations/inoculations, deportation and/or prevention of access by the government of a foreign country.
13. Failure of any travel agent, tour operator, accommodation provider, hire company or travel carrier to provide advertised services and/or facilities.
14. Any advice, treatment, service, or action (or failure to act) provided by a third party service provider not arranged or authorised by Us. This includes, but is not limited to, medical practitioners, healthcare providers, transport operators, security personnel or legal professionals.
15. Any Insured Person undertaking any manual or hazardous work whether paid or unpaid during the Trip unless specifically agreed by Us.
16. The chronic use of alcohol, substance abuse, prescription drug abuse or ingestion of non-prescription drugs or substances such as but not limited to marijuana, ecstasy, cocaine and heroin.
17. Impairment due to alcohol consumption by any Insured Person:
    a. Which is evidenced by blood test results which show a blood alcohol concentration level of 0.10% or higher; or
    b. Taking into account the following:
        i. The report of a Medical Practitioner or forensic expert;
        ii. The witness report of a third party;
        iii. A personal admission by an Insured Person; and/or
        iv. The description of events provided to Us, Our investigators, the treating Medical Practitioner or other health care professional (such as paramedics, nurses and counsellors) as documented in their records.
18. Any cost which would have been incurred during the Trip if no claim had arisen including but not limited to food, beverages, sustenance expenses and/or discretionary costs such as entertainment, laundry, internet and phone charges.
19. Accommodation expenses for any period where pre-paid accommodation has not been forfeited except if You are beyond Your planned Trip end date and We agree that You are unable or unfit to travel.
20. Circumstances that existed or were reasonably foreseeable between the date of booking the Trip and the date when the insurance was purchased.
21. Any expenses for which original receipts or invoices cannot be provided or for any loss which cannot be proven.
22. An event which occurs in a country or region of travel not noted on the Certificate of Insurance.
23. Use of a two-wheeled or three-wheeled motor vehicle (including but not limited to Motorcycles, Mopeds and Scooters, whether petrol, electric or otherwise powered) during the Trip, unless:
    a. If You are the driver:
        i. You wear a helmet at all times, regardless of local law;
        ii. You wear enclosed footwear and clothing that provides reasonable skin coverage (e.g. no bare feet or swimsuits);
        iii. You hold a current Australian motorcycle licence valid for the same class of bike (if riding a Motorcycle);
        iv. You hold a current Australian driver's licence (if riding a Scooter or Moped where no motorcycle licence is required);
        v. You hold a valid licence for the country in which the vehicle is being operated;
        vi. The engine capacity does not exceed 250cc for Motorcycles and 200cc for Scooters or Mopeds; and
        vii. If electric powered, the vehicle has a maximum speed or is speed limited to 25km/h or less.
    b. If You are the passenger:
        i. You wear a helmet at all times, regardless of local law;
        ii. You wear enclosed footwear and clothing that provides reasonable skin coverage (e.g. no bare feet or swimsuits);
        iii. The driver meets all requirements outlined above.
24. Participation in sport and leisure activities during the Trip which are not automatically covered by this policy. All sport and leisure activities must be on an amateur and recreational basis and/or limited to participation in school, club or college fixtures/competitions. At no time is cover in place for professional participation in sport and leisure activities or amateur participation in international and national representative sports/activities unless declared to and accepted by Us.
25. Participation in snow sports during the Trip (except recreational ice skating, curling or tobogganing) unless snow sports cover was requested at the time of arranging the Policy and a snow sports endorsement has been added to Your Certificate of Insurance.

26. Consequential loss of any kind including loss of enjoyment or any financial loss (other than financial losses for which benefits are provided under this Policy).
27. Any loss which is recoverable under another scheme such as a private health fund, workers compensation scheme, travel compensation fund or accident compensation scheme.
28. Travelling in an aircraft other than as a fare-paying passenger in a fully licensed passenger carrying aircraft.
29. a Pre-existing Medical Condition unless:
    a. the condition qualifies for automatic cover under this Policy and You meet all eligibility criteria; or
    b. the condition was declared to Us and We agreed in writing to cover it, subject to any terms We apply (including any additional premium).

    If cover for a Pre-existing Medical Condition is shown as excluded on the Certificate of Insurance or in a Policy endorsement, cover is also subject to General Exclusion 30.
30. Excluded Conditions

30.1 Any claim, loss, cost or expense to the extent it is caused by or attributable to an Excluded Condition.

30.2 Despite clause 30.1, if an otherwise covered event occurs during the Period of Insurance, but an Excluded Condition Materially Contributes to, aggravates, exacerbates or complicates:
    a. the illness, injury, symptoms or event giving rise to the claim; and/or
    b. the treatment plan, level of care, length of hospitalisation, recovery or rehabilitation; and/or
    c. the need for Cancellation, Curtailment, delayed return, alternative travel, evacuation or repatriation (including air ambulance); and/or
    d. the amount of loss, cost or expense otherwise payable,

    then We will pay only the reasonable portion of the claim that would, in Our reasonable opinion and based on the evidence available, have been incurred if the Excluded Condition had not Materially Contributed to, aggravated, exacerbated or complicated any of items a. to d. above. Any additional loss, cost or expense attributable to the Excluded Condition is not covered.

    For clarity, this can apply even if the Excluded Condition did not cause the initial illness, injury or event. See Claims Conditions for how We determine the payable portion and the evidence We may require.
31. Travelling against medical advice, for the purpose of obtaining medical advice or treatment, or where a terminal prognosis was given before the Policy was purchased.
32. Diving underwater if:
    i. Not qualified for the dive undertaken or not diving under licensed instruction;
    ii. Diving alone;
    iii. Diving in caves or ice diving; and/or
    iv. Diving to a depth greater than 30 metres.
33. Participation in civil commotions or riots of any kind.
34. Pregnancy:
    i. After the 24th week of gestation; and/or
    ii. If complications existed prior to purchase unless declared to and accepted by Us; and/or
    iii. For routine or expected treatment or check-ups; and/or
    iv. For the cost of childbirth (regardless of the cause and gestational stage); and/or
    v. For the cost of medical treatment for the newborn(s).
35. Participation in contact sports not automatically covered, motor sports, hunting, potholing, caving, rodeo, hang gliding, paraponting/parapenting, microlight flying, BASE jumping, high diving, mountaineering or rock climbing requiring ropes and equipment.
36. Participation in ski, snowboard, snow blade or skibob racing, ski jumping, skeletons, bobsleighs, speed skating, ice hockey, luging, ski acrobatics, ski flying or ski stunting.
37. Participation in any snow sports during the Trip which occurs Off-Piste, outside designated commercial ski areas or in areas which have been closed for any reason unless declared to and accepted by Us at the time of Policy purchase.
38. Except for Section 1 Cancellation and Curtailment item xiii, travelling to, planning to travel to or choosing to remain in a country or region with a "Do not travel" warning from the Australian Government Department of Foreign Affairs and Trade published before the scheduled travel date. This exclusion is waived if the warning relates only to Coronavirus COVID-19.
39. Except for cover provided under Section 18, any claim caused by or resulting from:
    a. Coronavirus COVID-19;
    b. Any mutation or variation of Coronavirus COVID-19;
    c. SARS-CoV-2;
    d. Any mutation or variation of SARS-CoV-2;
    e. Any Epidemic, Pandemic or mass outbreak of infectious disease;
    f. Any fear or threat of a. to e. above.
40. Travel to Cuba, Iran, North Korea, Russia, Belarus or Ukraine.
41. Racing of any kind (other than on foot).
42. Participation in ocean yachting during the Trip (i.e. 12 nautical miles/21.6km or more from land).
43. Additional travel expenses beyond the fare class initially chosen unless a different fare class is agreed to based on a written recommendation from a Medical Practitioner and accepted by Our medical advisers.
44. Any costs where reasonable efforts were not made to recover from the Travel Service Provider, booking agent, travel agent or other compensating source.
45. The breakdown or dissolution of any personal or family relationship.

46. Your early return to Your Normal Country of Residence, or costs related to such return, where repatriation was not deemed Medically Necessary by Our medical advisers. This includes (but is not limited to) repatriation:
    - where appropriate medical treatment was reasonably available overseas and You were considered fit to remain abroad and continue Your Trip; and/or
    - where You did not contact Us and did not obtain supporting medical evidence confirming the need for early return before altering Your travel plans.
47. Travelling after a change in Your health or medical condition (including the development of new symptoms or the worsening of a condition previously declared or covered) after purchasing this insurance, where You did not, before departure:
    - Notify Us of the change so We could reassess Your cover; or
    - Obtain written confirmation from a Medical Practitioner confirming that You were fit to undertake the entire planned Trip (see definition of Fit to Travel).

    Note: This exclusion applies whether or not the condition was previously declared to and accepted by Us. It does not apply if You notified Us of the change after purchasing the Policy and We confirmed in writing that cover for the condition would continue.

GENERAL CONDITIONS

1. All certificates, information and evidence required by Us will be provided at Your expense. You will as often as required by Us submit to medical examination/s at Our expense. In the event of death, We will be entitled to have a post-mortem examination undertaken at Our expense.
2. You must take and cause to be taken all reasonable precautions to avoid injury, illness or disease; take all practicable steps to minimise Your loss / claim; safeguard Your property from loss, theft or damage; and to recover property that has been lost or stolen.
3. This insurance is non-transferrable. If the Trip is cancelled prior to departure for any reason other than those to which Section 1 responds, then the Policy cover terminates and the premium paid is neither apportionable nor refundable.
4. If You lodge a claim for Trip Cancellation, Your Policy cannot be refunded or moved to alternative travel dates. If You re-book to travel at a later date, You will need to purchase a new Policy.
5. If You return to Your Normal Country of Residence earlier than scheduled, the Policy cannot be suspended. If You subsequently resume Your Trip, the Policy will not re-commence. If You require cover for the resumed period of Your Trip, You will need to purchase a new Policy.
6. This Policy becomes void and premium paid will be forfeited if any fraudulent claim is made or if fraudulent means or devices are used to obtain any benefit or compensation.
7. You must comply with all terms, provisions, conditions and endorsements applicable to this insurance. Failure to do so may result in Your claim being declined or limited.
8. No (re)insurer shall be deemed to provide cover and no (re) insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia, United Kingdom or United States of America.
9. If You develop a new medical condition, new symptoms, or a worsening of Your Pre-existing Medical Condition(s) after purchasing the Policy but before travelling, You must either notify Us so We can reassess Your cover or obtain written confirmation from Your Medical Practitioner certifying that You are fit to travel. This must occur before You depart on the Trip and We reserve the right to amend Your Policy terms, exclusions or premium based on any change in medical risk.

OTHER INFORMATION YOU NEED TO KNOW

CLAIMS PROCEDURE

Emergency claims
In case of emergencies, Go Insurance has a team of medical, insurance and travel specialists to help You 24 hours a day, seven days a week. Our dedicated team is multi-lingual and has a wealth of resources available to them to help You when You need it most.

Subject to Your claim being accepted by Us, Our team can assist with the following:

- Liaising with doctors and hospitals to ensure You obtain necessary medical treatment.
- Attending to payment of hospital and treatment costs on Your behalf.
- Co-ordinating Your return home if You are injured or fall ill and cannot continue Your Trip.
- Providing assistance with lost or damaged passports and travel documents.
- Fast-tracking assessment and settlement of valid claims where You are in urgent financial need.
- Passing urgent messages to Your family or travel agent.
- Helping to reschedule Your arrangements following an emergency if Your agent is unable to do so.

You must notify Us as soon as practical of any serious illness or injury sustained whilst overseas which necessitates admission to a hospital as an inpatient or where You anticipate Your medical expenses will exceed $2,000. This notification must occur before any arrangements are made for repatriation.

Our emergency contact details are noted below.

Telephone	+ 61 (0) 7 3481 9880 or + 64 9356 2741
Email	sos@goinsurance.com.au

Please have Your Certificate Number available when contacting Us in an emergency.

Important Note:
Medical standards, sanitary conditions, telecommunications infrastructure and the availability of facilities for urgent medical evacuation vary significantly between countries. While every effort will be made to provide assistance, We cannot accept responsibility for any loss, medical complication, delay, or death arising from circumstances reasonably beyond Our control.

All other claims
You must give us notice of Your claim as soon as possible. You must complete a claim form and submit it to Us with original supporting documentation. Please ensure You take a copy of Your documentation before sending Your submission to Us. When completing the claim form, please provide as much information about Your claim as possible. This will assist Us in processing Your claim quickly.

All certificates, information and evidence required for the assessment of Your claim shall be provided at Your expense. You must prove Your loss and no claim will be admitted where You are unable to do so. As a minimum, all claims must be accompanied by the following:

1. in the case of loss or damage by the carrier a Property Irregularity Report. In the event of permanent loss, evidence of any compensation provided to You by the carrier.
2. in the case of Personal Property, Personal Money and loss of passport claims, a written report from the police or other relevant authority.
3. repair report/quotation from a reputable repairer if a claimed item has been damaged.
4. proof of ownership/value for claimed items.
5. in the case of medical expenses claims, a report from the attending Medical Practitioner detailing the condition together with invoices or receipts for costs incurred.
6. proof of expenses incurred as a direct result of the event giving rise to the claim.
7. any other documentation or information We reasonably and necessarily require to assess Your claim.

All claims should be addressed to:

Go Insurance
Claims Department
PO Box 5964
Brendale Qld 4500
Australia

Telephone	+ 61 (0) 7 3481 9888 or 1300 819 888
Email	claims@goinsurance.com.au

Go Unlimited Pty Ltd ABN 74 149 217 925 T/as Go Insurance (Go) is an Australian Financial Services Licensee (no. 404782) authorised by ASIC to deal in and provide general advice on insurance products.

This insurance is underwritten by Certain Underwriters at Lloyd's led by Brit Insurance, Syndicate BRT2987. These underwriters have authorised Go to act on their behalf to arrange, issue, vary and cancel insurance products. Go is also authorised to handle claims on the Underwriters' behalf.

CLAIMS CONDITIONS

These conditions apply to claims and are in addition to the General Conditions which apply to the Policy.

Claim notification
You must advise Us of any possible claim as soon as reasonably practical and within one (1) calendar

month of Your return to Your Normal Country of Residence.

If there is a delay in claim notification, We may reduce the amount We pay by the amount of prejudice We suffer due to the delay.

Proof of loss
You must prove Your claim. This means You must provide independent documentary evidence to prove that You have suffered a loss which is covered by the Policy.

You must also provide evidence to prove that You owned the claimed item, its age and value.

Where You are claiming reimbursement of costs incurred, You must provide Us with invoices and/or receipts to verify the expenditure.

You must give Us any documents, letters, notices, medical certificates, medical records and reports, itemised invoices, original receipts, rental agreements, repair quotes, tickets, baggage tags/receipts, proof Your device's IMEI (International Mobile Equipment Identity) number has been blocked, mobile call logs or any other documentation that We reasonably ask You to provide to evidence Your loss/claim. This will be at Your expense.

Where You cannot provide evidence or proof that We require, We may not pay Your claim or We may reduce the amount We pay.

Evidence requirements for medical-related claims
If Your claim involves a medical event that may relate to a Pre-existing Medical Condition, You may be required to provide:

- Evidence that the condition was declared to and accepted by Us;
- A copy of the pre-travel written confirmation from Your Medical Practitioner that You were fit to travel (if the condition manifested or worsened after policy purchase but before You travelled); and/or
- Access to Your medical history.

Undeclared or unaccepted Pre-existing Medical Conditions
If a Pre-existing Medical Condition should have been declared during medical screening but wasn't, or was declared but not accepted as covered (including where You did not accept an additional premium or terms), then without limiting any rights We have under this Policy or at law, We may assess any claim involving that condition as if it were an Excluded Condition for the purposes of General Exclusion 30 and these Claims Conditions (including applying the proportionate claim assessment approach set out in this policy). We may also reduce or refuse a claim, charge an additional premium and/or cancel the Policy in accordance with applicable law.

Payable portion where an Excluded Condition contributes
If We assess a claim on a proportionate basis because an Excluded Condition Materially Contributed (see General Exclusion 30), We may require medical and billing evidence to separate costs attributable to the covered event from costs attributable to the Excluded Condition. We will determine the payable portion acting reasonably, based on information We reasonably require. This may include treating practitioner reports and clinical notes, hospital records and itemised invoices, advice from Our medical advisers and evacuation/repatriation providers, and booking terms and evidence of refunds or credits.

If costs or losses can't be precisely separated, We will make a reasonable estimate of the portion attributable to the covered event based on the available evidence. We won't pay the portion We reasonably determine is attributable to the Excluded Condition. If You ask, We will explain in writing how We worked it out.

This proportionate cover approach applies across all sections and benefits (including Cancellation & Curtailment and Overseas Medical Expenses & Repatriation) to the extent the claim has the connection described in General Exclusion 30.

Claim settlements
Where You have incurred costs and are claiming reimbursement, We will pay the claim amount (less any appliable Excess) to the Australian bank account You nominate at the time of submitting Your claim.

If You ask Us to pay another party on Your behalf (e.g. a hospital or accommodation provider), this is subject to Our agreement. If We do not agree to pay another party on Your behalf, We will pay You the approved amount so that You can then pay the other party. Where We agree to pay another party on Your behalf, We will advise You whether You need to pay an Excess to Us so that we can pay the approved cost in full or whether You need to pay the Excess direct to the other party.

All claim settlements are calculated based on the official exchange rate that applied on the date the expense was incurred.

We may at Our option discharge any liability under this Policy by replacing or repairing any article(s) which have been lost or damaged or by issuing a credit voucher.

Benefits and depreciation
The most We will pay for a claim is the limit shown in the Schedule of Benefits for the cover level You selected (less any applicable Excess and/or depreciation).

In settling Your property claim, We may choose to pay any of the following:

1. the value of the claimed item at the date of loss, theft or damage (i.e. the item's market/used value);
2. the original cost price of the claimed item from which We will deduct an amount for depreciation;
3. the cost of repairing the claimed item; or
4. the applicable sub-limit.

If Your claim is for multiple items, We may choose to settle Your claim using a number of the above options. If We pay You the depreciated value of an item, the following rates of depreciation will apply.

Item	Rate
Clothing	15%
Footwear, sporting and leisure equipment	20%
Baggage, suitcases, backpacks and other items used to carry personal property	20%
Toiletries, personal care items, skincare products, make-up, cosmetics, perfume	50%
Medication and perishable items	50%
Valuables (as defined but not jewellery made with precious metals)	15%
Electronic Equipment (as defined) – aged less than 12 months	0%
Electronic Equipment (as defined) – aged more than 12 months	20%

The above depreciation rates apply to each year of age or part thereof up to a maximum of 80% of the item's original cost price.

For items not listed in the above table, We will apply the rate specified for the most similar type of item.

We will not pay more than the original cost price You paid for an item. To ensure a fair and reasonable settlement, We will take into account the type of item, its age, condition and the degree of damage sustained.

A pair or related set of items is considered to be one item, no matter the quantity. For example, a camera body and its lenses, tripod, and camera accessories (attached or not) are a single item. Other types of items We consider to be one item include a pair of hearing aids, a pair of earrings, and a necklace with a pendant. This rule applies to all types of items, regardless of their size or quantity.

Other insurance and contribution
If at the time of any incident which results in a claim under this Policy, there is another insurance policy covering the same loss, damage, expense or liability, You must give us details.

If You make a claim under one insurance and You are paid the full amount of Your claim, You cannot make a claim under the other insurance. If You make a claim under any other insurance and You are not paid the full amount of Your claim, We will pay the difference, up to the amount this Policy covers You for, provided Your claim is covered by this Policy.

We may seek contribution to amounts We have paid, or must pay, from Your other insurer. You must give us any information We reasonably ask for to help Us make a claim from Your other insurer.

Losses recoverable from non-insurance sources
If Your loss has been caused by another party, You are required to make every reasonable effort to recover Your loss from the responsible party. If that party does not pay You the full amount of Your claim, You can claim the difference under Your Policy (provided the loss is covered by the Policy).

If You do not have pre-booked return travel arrangements
If an insured Trip is curtailed for any reason covered by this insurance and You do not hold a ticket for onward travel to Your nominated final destination in the case of One-Way travel or a ticket for return travel to Your Normal Country of Residence in the case of a return Trip, the cost of a one-way ticket to the final destination or Your Normal Country of Residence will be deducted from any settlement effected under this insurance. This deduction will be assessed as the published fare(s) available for purchase on the date of Your early return to Your Normal Country of Residence and of comparable standard to Your pre-booked travel arrangements.

Subrogation and recovery
We are entitled at Our own expense to issue proceedings in Your name to recover compensation or secure an indemnity from any third party in respect of any loss or damage for which We have indemnified You under this Policy. You must assist Us to obtain or pursue a recovery or contribution from a third party or insurers by providing all information and documentation We reasonably and necessarily require.

If You have suffered uninsured losses, We may agree to include these in any recovery action We decide to take. Where We agree to include Your uninsured losses, You may need to contribute to the legal costs We incur as a result.

You must not waive any right to seek compensation from a party who is responsible for causing You loss, damage or liability. If You enter into any agreement to waive the responsible party's liability to You for loss, damage or liability, We may not compensate You.

Claim settlement refunds
You must refund any amounts that We have paid to You or on Your behalf that are not covered by this insurance as soon as reasonably possible and within one calendar month of Our request.

If We accept Your claim and You later receive compensation from any other source for the same losses/costs, You must reimburse Us the amount You receive from the other source (up to the amount We paid for Your claim).

If We pay You for lost or stolen property and it is subsequently recovered and returned to You, You must reimburse Us the amount We paid to You for that loss.

If You are entitled to a refund in respect of forfeited pre-booked travel arrangements and We have incurred costs for You to travel other than as scheduled, You must transfer or pay the refund to Us.

Salvage
Any items which become the subject of a claim for loss or damage must be retained and not disposed of. If required, You must forward damaged items to Us for Our inspection at Your own expense. All such items will become Our property following acceptance and settlement of Your claim.

We may dispose of the item(s) or We may sell them and retain the proceeds. We may also agree to sell the item(s) to You provided You agree to pay market value.

Cooperation
You must cooperate fully with Us in the assessment and handling of any claim. This includes, but is not limited to:

- Providing all information, documentation and evidence We reasonably request to support Your claim;
- Authorising the release of medical, police or other relevant records where required;
- Attending interviews or assessments if reasonably required by Us;
- Responding to Our communications and enquiries in a timely manner.

Failure to comply with these requirements may result in delays in the assessment or payment of Your claim, or denial of the claim if We are unable to verify Your entitlement.

FINANCIAL SERVICES GUIDE (FSG)

About this Financial Services Guide

This FSG is an important document about the financial services You receive when You purchase travel insurance issued by Go Unlimited Pty Ltd trading as Go Insurance either directly or via one of its distributors.

This FSG contains information about the services provided as well as how We are remunerated and how We manage any concerns or complaints You have.

Date Prepared

This FSG was prepared on 1 August 2026.

What Financial Services are provided?

Go Unlimited Pty Ltd trading as Go Insurance is authorised to advise on and deal in general insurance. Any advice given to You by Go Unlimited Pty Ltd trading as Go Insurance will be of a general nature and not take into account Your personal objectives, needs or financial situation.

A distributor is able to give You factual information about travel insurance offered by Go Unlimited Pty Ltd trading as Go Insurance and can arrange to issue, vary or renew Your insurance.

If You have purchased a Policy from a distributor, that entity acts on behalf of Go Unlimited Pty Ltd trading as Go Insurance and certain Underwriters at Lloyd's led by Brit Insurance, Syndicate BRT2987. The distributor does not act on Your behalf. If You require more advice than the distributor can provide, You should contact Go Insurance on 1300 819 888.

You should carefully read the Product Disclosure Statement before making a decision to purchase any insurance product.

Who Is the Product Issuer?

Go Unlimited Pty Ltd (ABN 74 149 217 925) AFS License no 404782 trading as Go Insurance is an Australian Financial Services Licensee (AFS licensee) and is authorised by ASIC to issue, deal in and provide general advice on general insurance products. Go Unlimited Pty Ltd issues insurance certificates under a binding authority with Certain Underwriters at Lloyd's led by Brit Insurance, Syndicate BRT2987.

Our contact details are noted below:

Go Unlimited Pty Ltd
PO Box 5964
Brendale Qld 4500
Australia

Telephone	+ 61 (0) 7 3481 9888 or 1300 819 888
Email	mail@goinsurance.com.au
Website	www.goinsurance.com.au

Go Unlimited Pty Ltd has a binding authority which means it can enter into, cancel or vary these products without reference to the Underwriters provided it acts within the binding authority. Go Unlimited Pty Ltd acts for the Underwriters and not You.

How are We remunerated?

Go Unlimited Pty Ltd is paid a commission by the Underwriters for arranging and managing travel insurance services on their behalf. This amount is calculated as a percentage of the premium You pay for the Policy. Employees of Go Unlimited Pty Ltd receive an annual salary and may receive performance related bonuses depending on the nature of their employment.

Go Unlimited Pty Ltd may work in partnership with third party organisation (affiliates and agents) that introduce customers. Go Unlimited Pty Ltd may pay a referral fee to a third party organisation if they have referred You to Go Insurance and You have purchased a Policy. The referral fee is paid out of the commission that Go Unlimited Pty Ltd receives from the Underwriters.

Distributors receive a commission and/or Policy fee from Go Unlimited Pty Ltd for handling Your insurance arrangements.

Further information regarding the remuneration Go Unlimited Pty Ltd, and its referrers or distributors receive for the insurance services We provide may be obtained by contacting Us within a reasonable time of You being given this Financial Services Guide, and before Your Policy is issued.

Professional Indemnity Insurance Arrangements

We and Our representatives are covered under professional indemnity insurance that complies with the requirements of Section 912B of the Corporations Act.

The insurance (subject to its terms and conditions) will continue to cover claims in relation to Our representatives and employees who no longer work for Us (but who did at the time of conduct).

What to do if You have a complaint

Our dispute resolution process is outlined in the Product Disclosure Statement (PDS).